

Ripley County, IN**DEATH CERTIFICATE APPLICATION**☐ Applied in office☐ Mail in Application

Date LHD Office Received



Ripley County Health Department
102 W. 1st North Street / P.O. Box 745
Versailles, IN 47042
(P): 812-689-5751
Website: www.ripleyhealth.com

Due to ID theft, be prepared to provide proof of your relationship**Indiana Requirements needed in order to obtain Death Certificates:****<https://www.in.gov/health/vital-records/death-information/>*******PLEASE BE PREPARED TO SHOW PROOF OF RELATIONSHIP TO THE DECEASED*********RIPLEY COUNTY ONLY ISSUES CERTIFICATES OF DEATH OCCURRING IN RIPLEY COUNTY******(IF YOUR LOVED ONE PASSED AWAY IN ANOTHER COUNTY, THAT COUNTY WILL HOLD THE DEATH CERTIFICATE)**

Today's Date :

1. Name of deceased: (of person whose death certificate you want):	2. Date of death:														
3. Your relationship to deceased:	4. Place of death:														
5. Purpose for which the record is to be used: <table border="0"><tr><td><input type="checkbox"/> Agencies that need proof of death</td><td><input type="checkbox"/> Applying for Veterans benefits</td></tr><tr><td><input type="checkbox"/> Bank/Financial Institutions</td><td><input type="checkbox"/> BMV /title transfer</td></tr><tr><td><input type="checkbox"/> Credit Bureaus</td><td><input type="checkbox"/> Credit Card companies</td></tr><tr><td><input type="checkbox"/> Estate Settlements</td><td><input type="checkbox"/> Genealogy (must be over 75 years old)</td></tr><tr><td><input type="checkbox"/> Insurance filing claims</td><td><input type="checkbox"/> Life Insurance</td></tr><tr><td><input type="checkbox"/> Pension/Retirement funds</td><td><input type="checkbox"/> Proof of Death</td></tr><tr><td><input type="checkbox"/> Social Security Administration</td><td></td></tr></table>		<input type="checkbox"/> Agencies that need proof of death	<input type="checkbox"/> Applying for Veterans benefits	<input type="checkbox"/> Bank/Financial Institutions	<input type="checkbox"/> BMV /title transfer	<input type="checkbox"/> Credit Bureaus	<input type="checkbox"/> Credit Card companies	<input type="checkbox"/> Estate Settlements	<input type="checkbox"/> Genealogy (must be over 75 years old)	<input type="checkbox"/> Insurance filing claims	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Pension/Retirement funds	<input type="checkbox"/> Proof of Death	<input type="checkbox"/> Social Security Administration	
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6. Print <u>your</u> current legal name: (because you are the person requesting this record)	7. Your signature:														
8. Your phone number:	9. Your street address:														
10. FEE IS \$20.00 PER CERTIFIED COPY Number of certificates needed: _____	11. Your city, state, zip code:														

There is a processing fee for DEBIT/CREDIT PAYMENT.**IF MAILING IN THE APPLICATION, WE ACCEPT MONEY ORDER OR CASH ONLY****Have you included the following requirements:**☐ Copy of Identification Requirement ☐ Cash or Money Order ☐ Proof of Relationship (if needed)**FOR OFFICE USE ONLY**

RECEIPT # _____ DATE PROCESSED _____ INITIALS _____

FORM OF PAYMENT ☐ CASH ☐ MONEY ORDER ☐ DEBIT/CREDIT ALL PAID CHECK # _____

Ripley County Health Department
102 West 1st North Street / P.O. Box 745 Versailles, IN 47042
(P) 812-689-5751 (F) 812-689-3909 <http://www.ripleyhealth.com>
Created 1/26/2016 Revised 6/12/2023 9/25/2024