## **FUNERAL HOME APPLICATION**



RIPLEY COUNTY HEALTH DEPARTMENT 102 W. First North St. P.O. BOX 745 Versailles, IN 47042 (812) 689-5751



Name of Funeral	Home:				
Phone Number o	of Funeral F	łome:			
Name of Deceas	ed:				
Date of Death: _	Pate of Death:		Quantity:		
When copies are	e ready:	Pi	ck-Up	Mail to	
Mail Death Certi	ficates to:				
City:		State:		Zip Code:	
Signature of per	sons receiv	ing / request	ing certificate	2:	
FEE IS \$20 P	ER CERT	<mark>IFIED COI</mark>	<mark>PΥ</mark>		
FOR OFFICE USE ONLY					
RECEIPT #	CASH	_ MONEY ORDER	DEBIT/CREDIT	СНЕСК #	