



**Public Health**  
Prevent. Promote. Protect.

# Brown County Department of Health

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Nashville, IN 47448  
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browncountyhealth@localhealth.in.gov  
Norman Oestrike, M.D., Health Officer

Last \_\_\_\_\_ MI \_\_\_\_\_ First \_\_\_\_\_  
Date Issued \_\_\_\_\_ I.D. \_\_\_\_\_

## APPLICATION FOR A CERTIFIED DEATH CERTIFICATE

(Our office has no records before 1882)

Dear Applicant:

The person you are requesting a Certified Death Certificate for must have died in Brown County, Indiana for our office to provide this certificate to you. If the person died in another county in Indiana, you must contact the local health department where the death occurred or contact the Indiana State Department of Health/Vital Records to receive the Certified Death Certificate. If the person died outside of Indiana, you will need to contact officials in that jurisdiction for assistance.

To obtain a Certified Death Certificate, you must show you have a direct interest in the record and need the record to determine personal or property rights (IC 16-37-1-8). Please answer each question below and attach a clear copy of a current/valid identification (ID) of yourself. Acceptable ID includes: drivers license, state ID, passport, US passport card, military or school (with current date on it, or if no date on ID, school ID with current semester schedule/enrollment papers with dates).

1. Full name of deceased: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_
2. Date of death: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_
3. Location of death: CITY/TOWN \_\_\_\_\_ \*COUNTY: Brown \*STATE: Indiana  
\*(Must have been in Brown County, IN)
4. What is your relationship to the person in line #1? \_\_\_\_\_
5. For what purpose is this record to be used? \_\_\_\_\_  
\_\_\_\_\_
6. PRINT YOUR FULL NAME : \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
7. ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
8. Your telephone numbers: DAY \_\_\_\_\_ EVENING \_\_\_\_\_ CELL \_\_\_\_\_
9. Number of Certified Death Certificates needed: \_\_\_\_\_. The cost is \$7.00 per Certified Death Certificate.

Send this form to the address at the top of this page and include the following with your completed application:

1. A clear copy of your own ID from the list above.
2. A cashier's check or money order payable to Brown County Health Department (no cash if paying by mail).

Sincerely,  
*Vital Records Staff*