PERRY COUNTY HEALTH DEPARTMENT

WILLIAM E. MARCRUM M.D. Health Officer

3214 Tell Street

Tell City, In 47586

Phone: 812-547-2746

Fax: 812-547-0415

DEATH CERTIFICATE APPLICATION

Name of Deceased_____

Date of Death_____

Relationship to Applicant: SELF SPOUSE PARENT SIBLING CHILD GR PARENT LEGAL GUARDIAN OTHER

Signature_____

Phone_____ **Date**_____

Copies requested_____

$10 for each single certified copy

OFFICE USE ONLY		
ID#		**EXP:**
CASH	***CHECK***	***CREDIT CARD***