

Floyd County Health Department

1917 Bono Road
New Albany, IN 47150

Phone: (812) 948-4726
Fax: (812) 948-2208

INSTRUCTIONS:

- **Please complete all items below by printing clearly.
**To obtain a certified copy of a death record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC16-37-1-8.

Application for Certified Death Certificate

\$13.00 per copy

THIS OFFICE ONLY HAS DEATH RECORDS FOR FLOYD COUNTY, INDIANA.

Form with fields: 1. Full Name of Deceased; 2. Date of Death (Month, Day, Year); 3. Place of Death (City, State); 4. Purpose for which record is to be used; 5. How are you related to the deceased?; 6. Telephone Number.

Name of Applicant: _____

Address: _____

City/State/Zip: _____

I hereby swear and confirm the above statements are true and correct.

(Signature of Applicant)

TO BE COMPLETED BY A NOTARY PUBLIC

State of _____)

County of _____)

Subscribed and sworn to before me this ___ day of _____, 20___, _____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument and has acknowledged to me that he/she executed the same in his/her authorized capacity as listed in item 11 and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

My commission expires _____, 20___

Notary Public