



Public Health
Prevent. Promote. Protect.

Clinton County Health Department

400 East Clinton Street, Frankfort, IN 46041

Phone: 765-659-6385 Fax: 765-659-6387



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Application for Certified Death Certificate

A photocopy of your driver's license for identification purposes is required. You may submit both the application and ID either by mail or email. If you wish to pay using credit card please circle it and we will give you a call to obtain those details.

For security reasons we do not want that information emailed.

Today's Date _____

Name of Deceased _____

Date of Death _____ Place of Death _____

Name of Applicant _____

Relationship to Deceased _____

Purpose Certificate will be used for _____

Applicant's Signature _____

Applicant's Address _____

Phone Number _____

\$15.00 per copy

Total Certificates Requested _____

Total Fee Due _____

We accept cashier's check, money orders, & credit cards