

Parke County Health Department

116 W High Street Room 12 Rockville, IN 47872 parkehealth@parkecounty-in.gov

Phone: 765-569-6665 FAX: 765-569-4061 parkecounty-in.gov

All requests require proper identification and proof of relationship to the person whose record is being requested.

Indiana Code 410 IAC 18-4-2

FEE

\$10.00 per copy

Acceptable payment types are cash, check, money order, Discover, Visa, or Mastercard. When paying by credit or debit cards, you must either pay in person or print a "Credit/Debit Authorization Form" before research will be done. There is either a 3% convenience fee or a \$1 minimum (if transaction is under \$33.00) for all debit and credit card transactions.

Please remit with payment and a self addressed, stamped envelope to the Parke County Health Department when submitting form.

Please mail the completed Application Request Form, payment, and a self-addressed stamped envelope to:

Parke County Health Department 116 W High Street Room 12 Rockville, IN 47872

If you have any questions, please call the Parke County Registrar at 765-569-6665.

The applicant must have a direct interest and the certificate is necessary for the determination of personal or property rights or for the compliance with state or federal law.

Indiana Code 410 IAC 18-4-1.

PAGE 2 IS ONLY REQUIRED REMITTANCE UNLESS PAYING WITH DEBIT OR CREDIT CARD.

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Records begin with 1882

Fees: \$10.00 per copy

To be completed by the individual making a request to obtain a record.

All requests require proper identification and proof of relationship to the person whose record is being requested.

Please read the application thoroughly and **COMPLETE ALL ITEMS**.

Acceptable payment types are cash, check, money order, Discover, Visa, or Mastercard. When paying by credit or debit cards, you must either pay in person or be reachable by phone BEFORE research will be done. There is either a 3% convenience fee or a \$1 minimum (if transaction is under \$33.00) for all debit and credit card transactions.

When mailed, please send stamped, self-addressed envelope in addition to this application to:

Parke County Health Department 116 W. High St. Room 12 Rockville, In 47872

		Number of copies requested	(Fees: \$10.0	0 per copy)	
1.	Full name of dece	ased:			
2.	Date of death:				
3.	Place of death:				
4.	Your relationship	o deceased:			
5.	Purpose for which record is to be used:				
	Requested by: Your name				
	_	(Please print)			
		Your Signature:			
	Phone:	Mailing address:_	<u>-</u>		
		City:	State:	Zip:	
		Parke County Health Department			
		116 W. High St. Room 12			
		Rockville, In 47872			
Health	Department use o		ŕ		
	•	I.D			
		Drivers License #			
		State Issue ID			
		Employment ID			
		Passport			
		Cook Booking 6			
		Cash Received \$			
		Fee Due \$			

Credit/Debit Card Payment Authorization Form

Please complete and sign this form to authorize the Parke County Health Department to make a debit to your credit/debit card listed below. By signing this form you give us permission to debit your account for any fees due.

Please complete the information below:		
I,	authorize the Parke County Health Department to	charge my
credit card account for the amount due for licenses, po	ermits, or vital record searches and productions on	or after
·		
Signature:		
Signature Date	e:	
I authorize the above named business to charge the c terms outlined above. I certify that I am an authorized with my credit card company; so long as the transaction	l user of this credit card and that I will not dispute	the payment
Name:		
Billing Address:		
City, State, Zip:		
Phone#:	Email:	
**Disclaimer: The Parke County Health Dept will not r applicable fees, everything below the dotted line will	•	ation of
Office Use Only:		
Authorization Number:	Initials:	
	Date of transaction:	
Account Type: Visa MasterCard Discover		
Account Number:	Expiration Date:	

3 Digit Security Code: _____