

LAKE COUNTY HEALTH DEPARTMENT  
2900 W. 93<sup>RD</sup> AVENUE  
CROWN POINT, IN 46307  
(219) 755-3655



(WE ACCEPT CASH AND ALL MAJOR CREDIT CARDS)

## APPLICATION FOR CERTIFIED CERTIFICATE OF DEATH

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Relationship to person named on record: \_\_\_\_\_

Reason for requesting record: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

**\$20.00** for each copy requested (CASH OR CREDIT CARD)