

Jackson County Health Department

Death Registration
Began in 1882

801 W. Second Street, Seymour, IN 47274
Tel.: 812-522-6474; Fax: 812-522-2916; www.jacksoncountyhealth.org
E-mail: vitalrecords@jacksoncounty.in.gov
HOURS: Monday – Friday, 8:00 a.m. to 4:30 p.m.

Death Registration
Required as of 1907

JACKSON COUNTY DEATH CERTIFICATE APPLICATION
****FOR FUNERAL HOME & CREMATORY ONLY****

<i>Documents/Services Requested:</i>	<i>Fee</i>	<i>Quantity</i>
Certified Death Certificate	\$18	
Re-submit, Certified Death Certificate **With return of original certificate(s)**	\$10	
Veterans Use Only Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Free	
Cremation copy by fax? **With receipt of BTP** Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Free	
Pick-up Order <input type="checkbox"/> Mail Order <input type="checkbox"/>	Total Fee:	\$

MAIL ORDERS: Include a self-addressed stamped envelope & the burial transit permit, if applicable.

Payment is accepted by cash, check, money order, or credit/debit card (\$2.50 minimum fee).
Please make check or money order payable to: **JCHD**

TODAY'S DATE: _____

CERTIFICATE REQUESTED FOR:

FULL NAME OF DECEDENT: _____
First
Middle
Last

DATE OF DEATH: _____

PLACE OF DEATH: _____

REASON FOR REQUESTING THE CERTIFICATE: _____

FUNERAL HOME/CREMATORY:

- Adams Burkholder Hague / Zabel Johnson Spurgeon Voss Winklepleck-Brock Woodlawn
- Barkes, Weaver, & Glick Jewell-Rittman Myers-Reed Dove, Sharp, & Rudicel Sawyer-Pickett
- Buchanan Collins Stewart & Hoagland Other: _____

PRINT YOUR NAME: _____

SIGN YOUR NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

City State Zip Code

PHONE NUMBER(S): _____

Office Cell

FAX: _____ E-MAIL: _____

In accordance with IC 16-37-1-8, the above information is required for inspection or to obtain a certified copy of any vital record.

Book: _____ Page: _____	OFFICE USE ONLY	Burial Transit Submitted: _____
Payment : <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____		Cremation Copy Faxed: _____
<input type="checkbox"/> VitalChek <input type="checkbox"/> MO# _____		Date Picked Up/Mailed: _____
Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
10/08/2021 CERTIFICATE #s: _____		