

LAKE COUNTY HEALTH DEPARTMENT
2900 W. 93rd AVENUE
CROWN POINT, IN 46307
(219) 755-3655

CASH ONLY

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 of copies requested: _____

\$11.00 CASH for each copy requested