

DEATH CERTIFICATE FILING REQUEST
TO: DC FILING SERVICE
FAX TO: 866-290-1259 or 877-906-3079
EMAIL TO: info@dcfiling.com

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRANSIT PERMIT # _____

State No. _____

1. Decedent's Legal Name (First, Middle, Last)				1a. Maiden Last Name (If Female)		2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)		
5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year)		8. Birthplace (City And State Or Foreign Country)		
	Months	Days	Hours	Minutes						
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number)										
12. City Or Town, State, And Zip Code					13. County Of Death		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation		17. Kind Of Business/Industry		
18. Residence - State		18a. County		18b. City Or Town				18d. Apt. No.	18e. Zip Code	18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number										
19. Decedent's Education			20. Decedent Of Hispanic Origin		21. Decedent's Race					
22. Father's Name (First, Middle, Last)				23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name			
24. Informant's Name		24a. Relationship To Decedent		24b. Mailing Address (Street And Number, City, State, Zip Code)						
25. Place Of Disposition										
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility					27a. Funeral Home License Number			
27b. Signature Of Indiana Funeral Service Licensee:						27c. License Number (Of Licensee):				

Cause Of Death (See Instructions And Examples)

28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immedi:	Sequen Line A. The Ev:	Part II. E:	31. Did T: <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Date:	38. Local:	39. Descri:
FUNERAL HOME _____	ADDRESS _____	CONTACT _____	EMAIL _____	PHONE _____	FAX _____	# CERTIFIEDS REQUESTED: _____(SHORT FORM) _____(LONG FORM)
						PLEASE INCLUDE A COPY OF INDIANA PROVISIONAL THAT ACCOMPANIED BODY

41. Signature, Of Person Certifying Cause Of Death:				42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:				44. License Number	45. Date Certified
46. Additional Funeral Service Provider:				47. *Akas:	
48. Signature of Local Health Officer:			49. For Registrar Only - Date Filed (Month/Day/Year):		