

# Certified Death Certificate Request Form

**Cass County Health Department  
512 High St.  
Logansport, IN 46947  
(574) 753-7761 Phone**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ County of Death \_\_\_\_\_

Requestor's Relationship to Decedent: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Requestor's Email \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Total Fee (\$10 per certificate) **Cash or Money Order ONLY (no personal checks accepted) and a valid photo ID \*Mail in requests need to include a self addressed, stamped envelope.**

\_\_\_\_\_

## Office Use

# Requested \_\_\_\_\_

Total Fee \_\_\_\_\_

Receipt # \_\_\_\_\_

Request Date \_\_\_\_\_