

# FUNERAL HOME APPLICATION

Ripley County Vital Records Division  
P.O. BOX 745  
Versailles, IN 47042  
812-689-0508



## DEATH CERTIFICATE APPLICATION

Name of Deceased:

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

QTY: \_\_\_\_\_

Name of Funeral Home:

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**FOR OFFICE USE ONLY**

RECIPT # \_\_\_\_\_ CASH \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CHECK # \_\_\_\_\_ DEBIT/CREDIT \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_