

ATTENTION: We need your SS# we need to be voluntary for funeral Local No.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

ALL INFORMATION IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

Form with fields for DECEASED (Name, Sex, Date of Birth, etc.), PARENTS (Father, Mother), INFORMANT (Name, Address), DISPOSITION (Method, Date, Location), CAUSE OF DEATH (Immediate Cause, Conditions), CERTIFIER (Signature, Title), and HEALTH OFFICER (Signature, Date). Includes a large 'STOP' watermark and a 'FILED' stamp.

029005

Handwritten numbers: 11.00, 39, 42



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

**This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.**

- 1. STAINED DOCUMENT AT TIME OF RECORDING _____
- 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
- 3. PAGE (S) MISSING AT TIME OF RECORDING _____
- 4. ATTACHEMENTS MISSING AT TIME OF RECORDING _____
- 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING
- 6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
- 7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
- 9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED _____
- 10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS. _____

CUSTOMER INITIALS _____ DATE: ___/___/___

EMPLOYEE INITIALS **BB** DATE: **10/11/11**