200 E. Berry Street ◆ Suite 360 ◆ Fort Wayne, IN 46802

Phone: (260) 449-7147 ◆ Fax: (260) 449-3015 ◆ www. allencountyhealth.com

APPLICATION FOR DEATH RECORD

Please indicate which type of record or document you would prefer:

☐ **Certified ~ $12 fee**
Official and Stamped Record/Certificate

☐ **Non-Certified ~ No Charge**
Unofficial Genealogy document

Please provide the following information regarding the record you are seeking:

NAME OF DECEASED_____

DATE OF DEATH_____NUMBER OF COPIES_____

PLACE OF DEATH (City/State)_____

PURPOSE FOR WHICH RECORD IS REQUESTED_____

YOUR RELATIONSHIP TO DECEASED_____

_____ _____ _____
Printed Name of Requestor Signature of Requestor Date

ADDRESS_____ PHONE: _____
(street) (city) (state) (zip)

16-37-1-8 Indiana Vital Statistics laws clearly require that a health officer may only issue a certified copy if he/she is satisfied that the applicant has a direct interest in the record.