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

☐ **Certified Death Record** ($13 each)
(Stamped with Official Seal; Can be used for legal purposes)

# of Copies: _____

☐ **Non-Certified Copy** ($2 each)
(Not stamped with Official Seal; Not for legal purposes)

# of Copies: _____

PAYABLE BY: CASH* OR MONEY ORDER** *(NO PERSONAL CHECKS ACCEPTED)*
******NOT RESPONSIBLE FOR CASH SENT IN MAIL***

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

- To request a **Certified** copy of a death record, you must complete all items below AND show PHOTO ID.
- To request a **Non-Certified** copy of a death record, the items marked with an * must be completed at a minimum.

*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 state that a local health officer may only issue a certified copy of a death record if he/she is satisfied that the applicant has a direct interest in the record. ***Photo ID is required such as a driver's license or state ID.***

For Office Use Only

☐ **ID**