



APPLICATION FOR DEATH RECORD

Certified Death Record (\$15 each)
(Stamped with Official Seal; Can be used for legal purposes)

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

of Copies: _____

of Copies: _____

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

Any and all charges for services, records, documents, and/or certificates are your sole responsibility and are to be paid in full upon application (unless billed at a later date upon agreement for bulk orders for certain entities, in which case they are due at the time of invoicing). In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

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 _____ PLACE OF DEATH (City/State) _____

PURPOSE FOR WHICH RECORD IS REQUESTED _____

YOUR RELATIONSHIP TO DECEASED _____

* _____
Printed Name of Requestor Signature of Requestor Date
(acknowledging agreement with statements above)

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.***

ID For Office Use Only