

Application for search & certified copy of **DEATH RECORD**
WE HAVE (Name of your county) COUNTY DEATHS ONLY!!!

PLEASE COMPLETE **ALL ITEMS** BELOW

In accordance with Indiana Code 16-37-1-7, requests for death cert. must include the information below. A permanent record of this request must be kept on file.

FULL NAME AT DEATH _____

HOW ARE YOU RELATED TO THE ABOVE PERSON? _____

PLACE OF DEATH (City) _____ (County) _____

DATE OF DEATH _____

FULL NAME OF FATHER (IF KNOWN) _____

FULL **MAIDEN** NAME OF MOTHER (IF KNOWN) _____

WHY DO YOU NEED THIS RECORD? _____

HOW MANY COPIES DO YOU WANT? _____ TOTAL FEE \$ _____

YOUR SIGNATURE _____

YOUR NAME (PLEASE PRINT) _____ PHONE NO. _____

ADDRESS _____ CITY/STATE _____

TODAY'S DATE _____ TOTAL FEE \$ _____

FOR OFFICE USE ONLY:

BK. _____ PG. _____ CERT. _____

Cert. No. iss'd _____

Date issued _____ By _____

ID: _____