

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: \_\_\_\_\_