



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

\$13 per Certificate

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

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. **Photo ID is required such as a driver's license or state ID.**

For Office Use Only

ID