

Phone: (260) 449-7147 ◆ Fax: (260) 449-3015 ◆ www.allencountyhealth.com

APPLICATION FOR DEATH RECORD

Certified Death Record (\$20 each) (Stamped with Official Seal; Can be used for	Certified Death Record (\$20 each) Stamped with Official Seal; Can be used for Non-Certified Copy (\$3 each) (Not stamped with Official Seal;			
legal purposes)	ı	(110t stamp	ed with Official Scal, 140	t for legal purposes)
# of Copies:	f Copies: # of Copies:			
PAYABLE BY: <u>CASH*** OR</u> ***NOT RESPONSIBLE F				
Any and all charges for services, records, do in full upon application (unless billed at a lat they are due at the time of invoicing). In the the Allen County Department of Health shall attorney fees.	ter date upon event any leg	agreement for begal proceeding m	alk orders for certain enti- ust be instituted to recove	ties, in which case er the amount due,
Please provide the following	g inform	ation regard	ling the record yo	u are seeking:
 To request a Certified copy of a dea To request a Non-Certified copy of minimum. 		_		
*NAME OF DECEASED				
*DATE OF DEATHPI	LACE OF D	EATH (City/S	tate)	
Are there any corrections or resubmits to	this death 1	record that you	are aware of? Yes	No
PURPOSE FOR WHICH RECORD IS	REQUESTI	ED		
YOUR RELATIONSHIP TO DECEAS	ED			
*				
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 statistics that the applicant has a direct interest				
ID For Office Use Only				

Application for Death Record 5-2 SC Rev. 11/5/18 MRW/MRH Rev. MRW/MML 2/27/2023 15