



Vital Records Division ♦ 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

Certified Death Record (\$20 each)
(Stamped with Official Seal; Can be used for legal purposes)

Non-Certified Copy (\$3 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 BY MAIL*****

Money orders recommended & made payable to Allen County Dept. of Health

MAILING INSTRUCTIONS:

Regular U.S. Postal Service delivery will be utilized unless a prepaid self-addressed envelope is provided with this application. Further, if no box is checked, USPS will be used as delivery method. Please select how you would like your documents mailed to you:

Regular U.S. Postal Service (No additional costs, HOWEVER, this method has no tracking or delivery confirmation, so we are not responsible for lost or undelivered mail sent via regular U.S. Postal Service if you choose this method. By checking this box you are confirming you understand we will not replace any items that you feel were undelivered since they are not trackable.

UPS, Express Mail, Certified/Registered Mail, or Priority Mail (NOTE: If one of these secured methods is preferred to ensure delivery, an appropriate PREPAID self-addressed envelope must be provided with this application.)

*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) _____

Are there any corrections or resubmits to this death record that you are aware of? Yes No

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 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