

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

APPLICATION FOR GENEALOGICAL DEATH RECORD

Genealogical Request Blanket Search (non-refundable fee paid prior to search)

\$25 for 1-5 name searches \$35 for 6-10 name searches \$50 for more than 10 name searches

When the search has been completed, you will be notified of the records we were able to locate. You will then be able to submit payment for available records.

PAYABLE BY: <u>CASH* OR MONEY ORDER</u> – NO PERSONAL CHECKS * NOT RESPONSIBLE FOR CASH SENT BY MAIL (money orders recommended)

Please provide the following information regarding the record you are seeking:

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DATE OF DEATH			NUMB	ER OF COPIES	_
PLACE OF DEATH (City/State)					_
PURPOSE FOR WHICH RECORD IS RE	EQUESTED				_
YOUR RELATIONSHIP TO DECEASEI)				_
Printed Name of Requestor	Signature of Requestor		Date		
ADDRESS			PHONE:		
(street)	(city)	(state)	(zip)		

Indiana Vital Statistics laws (I.C. 16-37-1-8) 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.