COUNTY HEALTH DEPARTMENT
313 WEST JEFFERSON STREET
DECATUR, IN 46733
PHONE: (260) 724-5326

APPLICATION FOR DEATH RECORD

Identification required: (Preferably drivers license or other picture ID including name, address, signature). Case Managers and/or Attorneys must provide professional and personal ID as well as Release of Information from client.

Name of Deceased ____
First *Middle* *Last*

Date of Death ______________________ **Birthdate of Deceased** ______________

Parent's Names ____
Father *Mother*

Place of Death ____
(Only one choice is needed) *Township* *County* *Hospital* *Residence*

Relationship to Deceased ______________________________________

Applicant's Name ____
First *Middle* *Last*

Mailing Address ____
Street *City* *State* *Zip*

Applicant's Signature ________________________

Certified Copies - $15.00 each - # of Copies Requested ______________________

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For Health Dept. Use Only:

Date of Application ______________________ **Book** ______________

Completed by __________ **Page** ______________

Cert. Numbers issued __________ **Original Cert No.** __________ **Rcpt #** __________

Email Address

Submit