DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR DEATH RECORD

**16-37-1-8 Indiana Vital Statistics law requires a Health Officer may only issue a certified copy if he/she is satisfied by the applicant's direct interest in the record.

Name of Applicant_____

Address_____

City_____ **State**_____ **Zip Code**_____

Phone #_____ **Email**_____

Relationship to Record Requested_____

****proof of relationship may be required for issuance**

Please call 765-747-7721 ex. 752, 750 or 765 for questions on validating documents.

Name of Decedent_____

Date of death_____

Did Decedent's death occur in Delaware County? Circle one: YES or NO

If NO, in what county did the death occur?_____

Will the record be used for Genealogical purpose? YES or NO

Purpose for which record is to be used_____

Certified Death Certificates are $20 for each copy, payable by money order or cashier's check.

Number of Copies requested_____ **x $20**

Uncertified Genealogical Copies are $10

Number of Copies requested_____ **x $10** **Total Amount Remitted:$**_____

The following items MUST be submitted with your request to avoid delays

Photo copy of *CURRENT PICTURE ID

*** PAYMENT: money order or cashier's check (no personal checks)**

*** SELF ADDRESSED STAMPED ENVELOPE.**

*** ANY SUPPORTING DOCUMENTATION OF PROOF OF RELATIONSHIP**

Signature_____ **Date**_____

Office use only: ID#_____ Searched By_____Date_____