

**RANDOLPH COUNTY HEALTH DEPARTMENT**

325 S. Oak Street, Suite 202  
Winchester, IN 47394  
765-584-1155 Ext. 10

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

- \$13.00 per certified copy Number of copies desired \_\_\_\_\_
- Check or Money Order are accepted
- Copy of your identification – preferably a **DRIVER’S LICENSE**
- **Please include a self-addressed, stamped envelope**
- We will accept copies of the following documents **IF** they have your signature: Income tax papers, insurance papers, W-4 form, Medicaid card, or vehicle registration

***PLEASE COMPLETE APPLICATION – INCOMPLETE APPLICATION WILL NOT BE PROCESSED.***

1. Name of Deceased \_\_\_\_\_
2. Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Where in Randolph County did the death occur?  
 Winchester  Union City  Lynn  Ridgeville  Farmland  Saratoga  
 Modoc  Losantville  Parker City  Outside of any town, but still in Randolph County

**Indiana Law requires the following:**

4. Purpose for which the records is needed \_\_\_\_\_
5. Your **relationship** to the deceased \_\_\_\_\_

Applicant Print Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Book \_\_\_\_\_ Page \_\_\_\_\_ Certificate # \_\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Driver’s License (\_\_\_\_) \_\_\_\_\_