

Request Form for Death Record Information
Health Department

WARNING: False application, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense under IC 16-1-19-6.

To be completed by individual making a request to:

1. Inspect vital records or record
2. Obtain a certified copy of a vital record

In accordance with Indiana Code 16-37-1-8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and complete ALL ITEMS. A search or inspection fee will be charged.
IDENTIFICATION WILL BE REQUESTED

Name of Deceased: _____ Date of Death: _____

Place of Death: _____
City County State

Your Relationship to Deceased: _____

Purpose for Which Record Is Requested: _____

Your name (please print) _____

Your Address _____
Street City State Zip

Your Signature: _____

We reserve the right to notify the family of the deceased of your request for this information.

For Health Department Use Only:

Date Received: _____ Total Certificates: _____

Date Record Was Filed: _____ File No.: _____

Form of ID: _____

reqform.dea