



NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701

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Fax: (260) 636-2192

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APPLICATION FOR DEATH RECORD

Please indicate which type of record or document you would prefer:

Certified Death Certificate- \$12 fee

Genealogy Document \$10 fee

Non-certified. **All searches are non-refundable**

Terms of Payment: Money order, Credit Card or Cash, NO Personal Checks

IDENTIFICATION REQUIRED

Photo Copy – Valid Driver's License or State I.D.

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

1) NAME OF DECEASED: _____

2) DATE OF DEATH: _____ 3) NUMBER OF COPIES: _____

4) PLACE OF DEATH (CITY/STATE): _____

5) PURPOSE FOR WHICH RECORD IS REQUESTED: _____

6) YOUR RELATIONSHIP TO DECEASED: _____

Printed Name of Requestor: _____ Signature of Requestor: _____ Date: _____

ADDRESS: _____ PHONE: _____
(street) (city) (state) (zip)

IC 16-37-1-8 Indiana Vital Statistics laws clearly 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.

For Office Use Only

Receipt Number: _____

Volume Number: _____

Verifier: _____

Date Returned: _____