

# Delaware County Health Department

125 N. Mulberry St. Muncie, IN 47305  
www.co.delaware.in.us/health

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**Public Health**  
Prevent. Promote. Protect.

## 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 Decedent _____		
**proof of relationship may be required before issuance		

Name of Decedent _____	Date of Death _____
Did Decedent's death occur in Delaware County? YES or NO	
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 _____	
Uncertified Genealogical Copies are \$10	
Number of Copies requested _____	

<u>The following items must be submitted with request to avoid delays</u>	
Photo copy of *CURRENT PICTURE ID	
* PAYMENT	
* SELF ADDRESSED STAMPED ENVELOPE.	
* ANY SUPPORTING DOCUMENTATION OF PROOF OF RELATIONSHIP	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: ID# \_\_\_\_\_ Searched By \_\_\_\_\_ Date \_\_\_\_\_