



NOBLE COUNTY HEALTH DEPARTMENT

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

Telephone: (260) 636-2191

Fax: (260) 636-2192

Clinic/ Nurse: (260)-636-2978

Clinic Fax: (260) 636-3753

Application for Death Record

IDENTIFICATION REQUIRED

PHOTO COPY – DRIVER’S LICENSE, STATE ID OR PASSPORT

IC 16-37-1-8 Indiana 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

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

1) Name of Deceased: _____

2) Date of Death: _____

3) Place of Death (City & State): _____

4) Purpose for which Record Request: _____

5) Your Relationship to Deceased: _____

Please indicate which type of record

(ALL SEARCHES ARE NON-REFUNDABLE)

Certified Death Certificate - \$12 fee

Genealogy Document - \$10 fee
(Non – Certified)

Number of Copies: _____

Requesters Information:

Printed Name of Requester: _____

Signature of Requestor: _____

Date: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone Number: _____

For Office use Only:

Receipt #: _____ Searched By: _____ Date: _____ Volume: _____

2050 N. State Road 8, Suite C

Albion, Indiana 46701

Telephone: (317) 836-3101

Fax: (317) 836-3123

Home: (317) 836-3978

Clinic Fax: (317) 836-3753

Application for Death Record

IDENTIFICATION REQUIRED

PHOTO COPY - DRIVER LICENSE OR PASSPORT

At least 1 additional adult for a clearly legible photo of the deceased. You may only use a copy of your own photo if you are the applicant and the applicant has a direct interest in the record.

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

- 1) Name of Deceased: _____
- 2) Date of Death: _____
- 3) Place of Death (City & State): _____
- 4) Purpose for which record is requested: _____
- 5) Your Relationship to Deceased: _____

Please indicate which type of record

OTHER RECORDS ARE NON-RECORDABLE

Technology document - \$10 fee
(non-certified)

Certified Death Certificate - \$15 fee

Number of Copies: _____

Requestor Information

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

(State) _____ (City) _____ (Zip) _____