

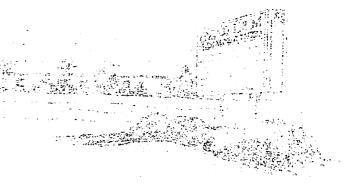
Application for Death Record

<u>IDENTIFICATION REQUIRED</u> 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:			
	Pleas	e indicate which type of record	
Certified Death Certificate - \$12 fee			Genealogy Document - \$10 fee (Non – Certified)
Number of Copies:			
Requesters Information	n:		
Printed Name of Reque Address:	ester:	Signature of Requestor:	Date:
(Street)	(City)	(State)	(Zip)
Phone Number:			
For Office use Only:			
Receipt #:	_ Searched By:	Date:	Volume:



LanCisa softm

GOBLE COUNTY HFALTH DEPANT WIENT 2090 N. State Road 9, Seite C 製象 Albion, Indiana 46703

> -- Telephone: (264) 636-3191 Fax: (244) 63.-2152 Offic 7 North: 0.100)-636-2278 Clinic Fax: (260) 636-278

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IDENTIFICATION REQUIRED PROTO COPY - DRIVER'S LICENSE SHAFT ID OR PASACORT 10 for EV-1. 8 indicated Statistics for a clearly require that a health incommuy only once a certified copy if negligible in sufficient that the applicant in a charactiniterest in the record These provide the following information regarding the record you are seeking: :: Warne of Deceased: 3) Place of Ocath (Chy & State): 4) Purpose for which Record Request. 5) Your Relationship to Deceal ed: Please indicate which type of record PHOREST CONTRACTOR STATES AND STATES Certified South Confliction - \$12 fec-Genealogy Podement - \$10 fee (benine) - new) Number of Capies: Requestors information: Signature of Requestories Printed Name of Requestern Audress: (S: 66t) (2!0)(viii) Phone Man box