

DECATUR COUNTY DEPARTMENT OF HEALTH
801 N. LINCOLN STREET
GREENSBURG, INDIANA 47240
TELEPHONE: (812) 663-8301

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

DATE _____

NAME OF DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH
(CITY) _____ (COUNTY) _____ INDIANA

RELATIONSHIP TO PERSON ON RECORD _____

PURPOSE FOR WHICH RECORD IS TO BE USED _____

SIGNATURE OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (____) _____

\$25.00 SEARCH FEE FOR EACH CERTIFICATE. A CERTIFIED COPY OF THE RECORD, IF FOUND IS INCLUDED IN THE SEARCH FEE.

IF REQUESTING BY MAIL, ENCLOSE \$25.00 (CASH OR MONEY ORDER) FOR EACH CERTIFICATE ORDERED, A SELF-ADDRESSED, STAMPED ENVELOPE, AND A COPY OF SIGNATURE I.D.

DECATUR COUNTY DEPARTMENT OF HEALTH
801 N. LINCOLN STREET, GREENSBURG, IN 47240
TELEPHONE: (812) 663-8301 FAX: (812) 663-4174

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

WARNING: False application to obtain or inspect, altering, mutilating or counterfeiting Indiana Birth Certificates, or the use of such a certificate is a criminal offense under IC16-37-1-12.

IDENTIFICATION IS REQUIRED ACCORDING TO IC16-37-1-7
ONE OF THE FOLLOWING DOCUMENTS REQUIRED - MUST BE CURRENT AND VALID

- Driver's License
- State I.D. Card
- Dept. of Corrections I.D., issued within past 6 months
- School I.D. with signature & photo
- Court Order
- Military I.D.
- Valid Passport

ALL ITEMS BELOW MUST BE COMPLETED

TODAY'S DATE _____

FULL NAME AT BIRTH _____

DATE OF BIRTH _____

COULD THIS BIRTH BE RECORDED UNDER ANY OTHER NAME? IF YES, PLEASE GIVE NAME

HAS THIS PERSON BEEN ADOPTED? _____ YES _____ NO

IF SO, GIVE NAME AFTER ADOPTION _____

FULL NAME OF FATHER (If adopted, give name of adopted father) _____

FULL NAME OF MOTHER INCLUDING MAIDEN NAME (If adopted, give name of adopted mother) _____

YOUR RELATIONSHIP TO INDIVIDUAL NAMED ON REQUESTED CERTIFICATE _____

PURPOSE FOR WHICH RECORD IS TO BE USED _____

NUMBER OF COPIES REQUESTED _____ \$ 15/COPY-CASH OR MONEY ORDER, ID and
SELF-ADDRESSED, STAMPED ENVELOPE IF
REQUESTING BY MAIL

SIGNATURE OF APPLICANT _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE NO. _____

~~~~~

