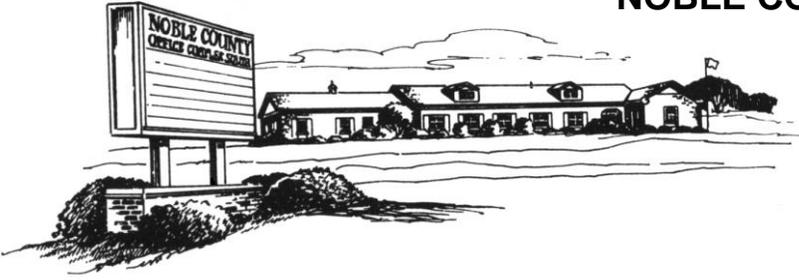


NOBLE COUNTY HEALTH DEPARTMENT



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

Telephone: (260) 636-2191
Fax: (260) 636-2192
Clinic Fax: (260) 636-3753

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, Checks are not accepted.

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

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

NAME OF DECEASED _____

DATE OF DEATH _____ NUMBER OF COPIES _____

PLACE OF DEATH (CITY/STATE) _____

PURPOSE FOR WHICH RECORD IS REQUESTED _____

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 _____