

ORANGE COUNTY HEALTH DEPARTMENT
205 EAST MAIN STREET, STE. 9
PAOLI, IN47454
812-723-7112

REQUEST FOR DEATH RECORD INFORMATION

WARNING: False application, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense under I.C. 16-1-19-6

To be completed by an individual making a request for: (1) Inspection of a vital record or records. (2) Obtain a certified copy of a vital record. In accordance with the Indiana Code 17-37-1-8 the following information is required for inspection or to obtain a copy of any vital record. Please read this application thoroughly.

NO PERSONAL CHECKS ACCEPTED

COMPLETE ALL ITEMS IDENTIFICATION MAY BE REQUESTED.

Full Name of Deceased _____

Date of Death _____

Your Relationship to Deceased _____

Purpose for which Record is to be used _____

Your Name: _____

Date: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FOR LOCAL OFFICE USE ONLY

_____ File Date: _____ Local# _____ Book _____

Page: _____ Cost: _____ Receipt# _____

Death of Death _____

Married ___ Divorced ___ Widowed ___ Single ___ Color/Race _____ Sex _____

Cause of Death _____

Certified by _____

Place of Death _____ Place of Burial _____ Burial Date _____

Funeral Director _____