

RANDOLPH COUNTY HEALTH DEPARTMENT
325 S. OAK ST., SUITE 202
WINCHESTER, IN 47394
765-584-1155 EXT. 10

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

**Instructions: Fees: \$13.00 per certified copy_____

- Check or Money Order are accepted.
- Copy of your identification. We prefer a **DRIVERS LICENSE**.
- ****Please include a self-addressed stamped envelope.**
- We will accept copies of the following documents **IF** they have your signature:
Income tax papers, insurance papers, W-4 Form, Medicaid cards, or vehicle registration.

PLEASE COMPLETE APPLICATION -INCOMPLETE WILL NOT BE PROCESSED.

1) Name of Deceased_____

2) Date of Death_____/_____/_____

3) Where in Randolph County did the death occur?

Winchester____Union City____Lynn____Ridgeville____Farmland____Saratoga____
Modoc____Losantville____Parker City_____

**Outside of any town, but still in Randolph County_____

Indiana Law requires the following:

4) Purpose for which the record is needed_____

5) Your **relationship** to the deceased_____

Applicant Print Name_____

Signature of Applicant_____ Phone Number (____)_____

Address_____ City_____ State____ Zip_____

BOOK_____ PAGE_____ CERTIFICATE #_____

RECEIPT #_____ DATE_____ CHECK #_____ DRIVERS LICENSE(____)_____