

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**

**Please complete all items below**

Fees: \$12.00 per certified copy    Number of copies ordered \_\_\_\_\_

**Check or Money Order**

**Identification:** We prefer a Driver's License or State ID

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 ALL ITEMS BELOW-INCOMPLETE APPLICATIONS 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 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*MAIL REQUESTS: Please include the following:**

**\*Copy of your Identification (Driver's License, Photo ID)**

**\*Correct amount of money (check or money order ONLY)**

**\*A self addressed stamped envelope**

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_

CHECK # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_