

**WASHINGTON COUNTY HEALTH DEPARTMENT
806 MARTINSBURG ROAD, SUITE 100
SALEM, IN 47167
812-883-5603
FAX 812-883-5017**

REQUEST FOR DEATH RECORD INFORMATION

Death Records begin 1882.

To be completed by individual making a request to: 1) Inspect vital records or record; 2) Obtain a certified copy of a vital record. In accordance with Indiana Code 16-37-1-8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and **COMPLETE ALL ITEMS**. IDENTIFICATION MAY BE REQUESTED. **NO PERSONAL CHECKS ACCEPTED.**

**No. of Copies Requested _____ (Fees: \$15.00 per copy)
Genealogy Page No. of Copies Requested _____ (Fees: \$5.00 per copy)**

1. Full name Decedent _____

2. Date of Death _____ Place of Death _____

3. Your Relationship to Decedent _____

4. Purpose for which record is to be used _____

Your name (Please Print) _____ Date _____

Your signature _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

FOR LOCAL OFFICE USE

Book _____

Page _____

Date Issued _____

Signature Clerk _____