Fayette County Health Department

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<u>WARNING</u>: False application altering, mutilating, or counterfeiting Indiana Death <u>Certificates is a criminal offense under IC 5-14-3-7.</u>

To be completed by individual making a request to:

- 1. Inspect vital record or records.
- 2. Obtain a certified copy of a vital record.

In accordance with Indiana Code 16-37-1-7 and 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 WILL BE REQUESTED

Name of Deceased	
Date of Death	
Place of Death	(City, county, state
Your Relationship to the Deceased	
Purpose for which Record is Requested	
Your Name (Please Print)	
Your Address	
Your Phone Number	
Your Signature	
Certified Copies: \$15 each	Genealogy Copies: \$5 each