ADAMS COUNTY HEALTH DEPARTMENT
313 WEST JEFFERSON STREET
DECATUR, IN 46733
PHONE: (260) 724-5326

APPLICATION FOR DEATH RECORD

Identification required: (Preferably drivers license or other picture ID including name, address, signature). Case Managers and/or Attorneys must provide professional and personal ID as well as Release of Information from client.

Name of Deceased _____

Date of Death _____ **Birthdate of Deceased** _____

Parent's Names _____

Place of Death _____
(Only one choice is needed) *Township* *County* *Hospital* *Residence*

Relationship to Deceased _____

Applicant's Signature _____

Mailing Address _____
Street *City* *State* *Zip*

Certified Copies - $15.00 each - # of Copies Requested _____

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