

Application for Death Certificate, Birth Resulting in Stillbirth Certificate and/or Genealogy Search

Please complete:

Full Name of Deceased/Stillbirth _____

Date of Death/Stillbirth _____

Purpose for Which Record is Requested: _____

Name/Signature of Person Applying: _____

Address: _____

Telephone Number _____

Relationship to Deceased: _____

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (i.e., photocopy of driver's license, work identification card, etc.) Do NOT SEND ORIGINALS IN THE MAIL. Death records requests sent without proper identification will be sent back to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10-(a):

.....
Do Not Write Below This Line

Sex ___ Color _____ Single/Married/Divorced _____ Age _____

Cause of Death/Stillbirth _____

Place of Burial _____ Date of Burial _____

Funeral Director _____ License No. _____

Coroner or M.D. _____

Fees: \$10.00 per Death Certificate. Genealogy research \$10.00 non returnable per name of search and information.

Terms of Payment: Money order or cash. Checks are not accepted. Enclosed self-addressed stamped envelope.

**Noble County Health Department
Suite C. Vital Records, 2090 N. State Rd. 9
Albion, IN 46701**

Date Received	Receipt number	Volume number
Certificate number	Application number	Initials of verifier