



RANDOLPH COUNTY HEALTH DEPT.  
325 South Oak Street Suite 202  
Winchester, Indiana 47394-2242

Today's Date: \_\_\_\_\_

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

Please complete all items below.

1) Name \_\_\_\_\_

2) Date of Death \_\_\_\_\_

3) Where did this Death occur?

WINCHESTER \_\_\_\_\_ UNION CITY \_\_\_\_\_ LYNN \_\_\_\_\_  
RIDGEVILLE \_\_\_\_\_ FARMLAND \_\_\_\_\_ SARATOGA \_\_\_\_\_ MODOC \_\_\_\_\_  
LOSANTVILLE \_\_\_\_\_ PARKER/FARMLAND \_\_\_\_\_  
\*OUTSIDE OF ANY TOWN, BUT IN RANDOLPH COUNTY \_\_\_\_\_

**Indiana Law Requires the following:**

4) Purpose for which the record is needed \_\_\_\_\_

5) Your *relationship* to person whose record is requested? \_\_\_\_\_

6) You **must** provide a copy of one of the following:  
\_\_\_\_\_ Driver's License \_\_\_\_\_ Photo I.D. \_\_\_\_\_ Military I.D. \_\_\_\_\_ Other I.D.

Signature of Applicant \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

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

Fee: \$ 6.00 each. Number of certificates ordered \_\_\_\_\_

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

Cert # \_\_\_\_\_ File Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**IDENTIFICATION IS REQUIRED**

- \*\* MAIL REQUESTS - Please include the following:
- \*Copy of your Identification (Driver's License, Photo ID)
- \*Correct amount money (Cash, Check or Money Order)
- \*A Self Addressed Stamped Envelope

Note: The Health Department only has records of Deaths which have occurred in Randolph County Indiana 02/04