

Phone: (260) 925-2220 • Fax: (260) 925-2090 • www.co.dekalb.in.us

APPLICATION FOR DEATH RECORD

(Stamped with Official Seal; Can be used for legal purposes)	(Not stamped with Official Seal; Not for legal purposes)
# of Copies:	# of Copies:
PAYABLE BY: CASH*** OR MONEY ORDER (NO PERSONAL CHECKS ACCEPTED) ***NOT RESPONSIBLE FOR CASH SENT IN MAIL IDENTIFICATION REQUIRED (send copies if mailing in application) Photo Copy of Driver's License or State I.D. Identification requirements may be fulfilled by submitting one valid Primary Document or two valid Secondary Documents. All documents must be current and valid; expired documents are not acceptable. Orders with NO ID will be returned	
To request a copy (Certified or Non-Certified show PHOTO ID.	d) of a death record, you must complete all items below AND
NAME OF DECEASED	
DATE OF DEATHPLACE OF DEATH : DeKalb	
PURPOSE FOR WHICH RECORD IS REQUESTED	
YOUR RELATIONSHIP TO DECEASED	
Printed Name of Requestor	Signature of Requestor Date
Timica ivalie of requestor	(acknowledging agreement with statements above)
ADDRESS	PHONE:
(street) (ci	ty) (state) (zip) hat a local health officer may only issue a certified copy of a death record if
	st in the record. Photo ID is required such as a driver's license or state ID.
ID For Office Use Only	

DeKalb County Department of Health

Vital Records