



**Application for Search and Certified Copy of Death Record**  
**Please Complete All Items Below**

Original death records filed with this office begin in October 1882. There are no records in this state before that time. If the search provides no record, the fee is returned. You may apply in person or by mail. When applying by mail, please enclose a self-addressed stamped envelope. If the record is for genealogical purposes please note that in your correspondence. Genealogy includes all information on the record.

Name of Deceased: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(First)</span> <span>(Middle)</span> <span>(Last)</span> </div>
Date of Death: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Month)</span> <span>(Day)</span> <span>(Year)</span> </div>
Place of Death: _____ (regardless of residence)                      (Town)                      (County)
Reason for the Request:
Your relationship to the Deceased:
<b>Number of copies requested:</b>

**FEES: \$10.00 per copy (No personal checks. Do not send cash in the mail.)**

Signature of Applicant:	Area Code and Phone Number of Applicant:
Mailing Address:	Home:
City, State, & Zip:	Work:

<b>MAIL CERTIFICATE TO:</b>	<b>MAIL REQUEST TO:</b>
Name:	Crawford County Health Department
Address:	306 Oakhill Circle
City:	English
State & Zip:	INDIANA 47118-0246

**We appreciate a self addressed stamped envelope.**