

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

APPLICATION FOR GENEALOGY HARD COPY OF BIRTH/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 on Record _____

Date of Birth/Death _____

(Please circle birth or death)

Parent's Names _____

(please give father's full name and mother's full maiden name)

Place of Birth/Death _____

(Please circle birth or death) Township County Hospital Residence

Relationship to Name on Record _____

Applicant's Signature _____

Mailing Address _____

Street City State Zip

Phone Number _____

Genealogy Hard Copy - \$10.00 each - # of Copies Requested _____

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<i>FOR OFFICE USE ONLY:</i>		
Book ____	Page ____	Filing Date _____
Original BC/DC # _____	Completed By: _____	
Date Issued _____	Rcpt. # _____	

<i>FOR OFFICE USE ONLY:</i>	
Driver's License # _____	
Expiration Date: _____	
State _____	Other I.D. _____