APPLICATION FOR A DEATH RECORD IN JASPER COUNTY

NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH:_____

MOTHERS MAIDEN NAME:_____

FATHERS NAME:_____

RELATIONSHIP TO DECEASED:_____

PURPOSE FOR WHICH RECORD IS REQUIRED:_____

NAME OF REQUESTOR:_____

ADDRESS OF REQUESTOR:_____

PHONE NUMBER OF REQUESTOR:_____

DATE:_____

RETURN TO: JASPER COUNTY HEALTH DEPARTMENT
VITAL RECORDS
105 WEST KELLNER BLVD.
RENSSELAER, IN. 47978
219-866-4917

- **ENCLOSE A MONEY ORDER FOR $10.00 FOR EACH BIRTH CERTIFICATE**
- **ENCLOSE A COPY OF A GOVERNMENT ISSUED PHOTO ID**
- **REQUESTS SUBMITTED WITHOUT ALL OF THE ABOVE INFORMATION WILL NOT BE PROCESSED.**