

Miami County Health Department Genealogy Search Request Form

Name at Death: _____

Date of Death: _____

Name at Birth: _____

Date of Birth: _____

Place of Death: _____

Place of Birth: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Mail To: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Name: _____

Your Daytime Phone Number (including area code): _____

Your Signature: _____ Today's Date: _____

The fee for a genealogy search is \$25 for the first half hour, and \$10 for each additional half hour. The amount of time that will be spent on your search is dependant on how much your money order is made out for. If you are unsure how much your search may cost, please call 765-472-3901 extension 228 for additional information. Any unused money cannot be refunded.

Enclose a copy of Driver's License or state issued photo I.D. and a money order made payable to the Board of Health and send them along with this completed form to:

Miami County Courthouse
Attention: Registrar
25 North Broadway Street, Room 106
Peru, IN 46970

In order to process your request, this form must be filled out completely.