

Miami County Health Department

Genealogy Search Request Form

Name at Death: _____

Date of Death: _____

Name at Birth: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Mail to: _____

Address: _____

Street

City

State

Zipcode

Your Signature: _____

Today's Date: _____

The fee for a Genealogy Search is \$5.00 per search and \$10.00 for an uncertified copy of the record. Please call 765.472.3901 to speak with the Registrar if you have any questions.

Enclose a copy of your driver's license or state issued ID and a money order payable to the Board of Health and send along with this completed form to:

Miami County Health Department

Attn: Registrar

25 Court Street

Peru, Indiana 46970

In order to process your request, this form must be filled out completely and a copy of your driver's license must be enclosed.