

GENEALOGY RESEARCH REQUEST FORM

Name at Birth _____

Date of Birth _____

Name of Father _____

Name of Mother (Maiden) _____

Name of Decedent _____

Date of Death _____

Name of Father _____

Name of Mother (Maiden) _____

Name of Requestor _____

Phone Number _____

UNCERTIFIED Genealogy Copy of a Record=\$10.00.

CERTIFIED Birth Certificate Fee=\$20.00.

CERTIFIED Death Certificate Fee=\$20.00.

Payment by check or money order made out to: Rush County Health Dept., accepted by mail; cash also accepted on walk-ins.

Mailing Address: Rush County Health Dept.
Room 105 Courthouse
Rushville, Indiana 46173