

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash Indiana 46992
Phone: (260) 563-0661 x 1248; Fax: (260) 563-6082
kcarter@localhealth.in.gov

Wabash County birth and deaths started being recorded in 1882.
Vital Records in the state of Indiana began in 1907.
We have ONLY birth and death records for Wabash County.

REQUEST FOR GENEALOGY RECORDS

TODAY'S DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Month</i>	<i>Day</i>	<i>Year</i>

Genealogy Birth and Death Records are \$5.00 Each. Records are NOT Certified.
(Cash or Money Order ONLY)

DEATH CERTIFICATE(S):

**** PLEASE PRINT ****

1.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE WHERE DEATH OCCURRED</i>	<input type="text"/> <i># Copies</i>
2.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE WHERE DEATH OCCURRED</i>	<input type="text"/> <i># Copies</i>
3.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE WHERE DEATH OCCURRED</i>	<input type="text"/> <i># Copies</i>

BIRTH CERTIFICATE(S):

**** PLEASE PRINT ****

1.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE OF BIRTH</i>	<input type="text"/> <i># Copies</i>
2.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE OF BIRTH</i>	<input type="text"/> <i># Copies</i>
3.	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Fist Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Month</i>	<input type="text"/> <i>DAY</i>	<input type="text"/> <i>YEAR</i>	<input type="text"/> <i>PLACE OF BIRTH</i>	<input type="text"/> <i># Copies</i>

PERSON REQUESTING RECORD(S):

<input type="text"/> <i>First Name</i>	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Address, City, State and Zip</i>	<input type="text"/> <i>Phone Number</i>
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MAIL RECORDS TO REQUESTING PERSON'S ADDRESS

DATE RECORDS WERE MAILED: ____/____/____

MAILED BY: _____