

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992

Phone: (260) 563-0661 x 1248 or 1283; (800) 286-3190; Fax: (260) 563-6082

David G. Roe, MD - Health Officer

REQUEST FOR CERTIFIED DEATH CERTIFICATE

Certified Death Certificate - \$12.00 Each *(Cash or Money Order ONLY)*

Number of Copies Requested: _____

**** PLEASE PRINT ****

Today's Date: ____/____/____ Your Relationship to Deceased: _____

Purpose of Record: _____

DECEASED INFORMATION:

Name of Deceased: _____
LAST NAME FIRST NAME MI

Date of Death: ____/____/____ Place Where Death Occurred: _____

REQUESTER INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Phone Number: (____) _____