

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash Indiana 46992

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

kcarter@localhealth.in.gov or lellis@localhealth.in.gov

vital.wabashcounty85.us

FUNERAL HOME CERTIFIED DEATH CERTIFICATE REQUEST FORM

Certified Death Certificate - **\$12.00 Each**

Checks Payable To: Wabash County Health Department

Today's Date: ____/____/____

Number of Copies Requested: ____

DECEASED INFORMATION:

Name of Deceased: _____
LAST NAME FIRST NAME MI

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

REQUESTER INFORMATION:

Funeral Home: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Phone Number: (____) _____

MAIL TO (Please "X") _____ Funeral Home _____ Name and Address Below

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

____ Please "X" here if you would like us to FAX COPY TO CREMATORY:

Crematory: _____ Fax Number: (____) _____