

# WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992  
Phone: (260) 563-0661 Ext. 1248; Fax: (260) 563-6082  
David G. Roe, M.D. - *Health Officer*

## REQUEST FOR CERTIFIED DEATH CERTIFICATE

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

**\*\* PLEASE PRINT LEGIBLY \*\***

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Copies Requested: \_\_\_\_

### YOUR RELATIONSHIP TO DECEASED

Spouse ☐ Parent ☐ Grandparent ☐ Brother/Sister ☐ Son/Daughter ☐ Other: \_\_\_\_\_

### PURPOSE OF RECORD

BMV ☐ Banking ☐ Estate Settlement ☐ Insurance ☐ Lawyer ☐ Social Security ☐

Veterans Affairs ☐ Other: \_\_\_\_\_

### DECEASED INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Establishment Where Death Occurred: \_\_\_\_\_

### REQUESTER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE ONLY

Drivers License Number \_\_\_\_\_ EXP Date: \_\_\_\_ / \_\_\_\_

Address on License: Same \_\_\_\_\_ Other: \_\_\_\_\_