

WABASH COUNTY HEALTH DEPARTMENT

79 West Main 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

NO DEATH CERTIFICATES WILL BE ISSUED WITHOUT PROPER IDENTIFICATION

You must have a signed form of identification. If submitting by mail, you must send a photocopy of your Driver's License.

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: _____