

WABASH COUNTY HEALTH DEPARTMENT

79 West Main Street, Wabash Indiana 46992
Phone: (260) 563-0661 x 1248 Fax: (260) 563-6082
dengel@wabashcounty.in.gov
<https://www.in.gov/localhealth/wabashcounty/vital-records/>

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"):

<input type="checkbox"/>	Funeral Home	<input type="checkbox"/>	Name and Address Below
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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Crematory: _____ Fax Number: (____) _____