

Request for Genealogy

FULTON COUNTY HEALTH DEPARTMENT

125 E 9TH ST., SUITE 004, ROCHESTER, IN 46975
PHONE: (574)223-2881; FAX: (574) 223-2335
KEVIN REYBURN M.D. - HEALTH OFFICER
VITAL RECORDS REGISTRAR—vr@co.fulton.in.us

***Cash or Money Order or call for Credit Card payment. Mail in requests must include a self-addressed stamped envelope and copy of requestor's Driver's License.**

Birth Record_____ Death Record_____

(Please check one)

The Fulton County Birth and Death records begin in 1882.

Full Name_____

Date of Birth_____ Date of Death_____

(If requesting Birth Record)

(If requesting Death Record include date of birth if known)

Father's Full Name_____

Mother's Full Name (including maiden) _____

*Any other information that may be helpful in our search such as spouse's name, place of death, name of funeral home, etc., please add to the back of the form.

Name of Requestor_____

Requestor's Address_____

Requestor's phone #_____ Email_____

Fees \$10.00 (1-5 Searches) \$20.00 (over 5 searches) for non-certified copies or information report.

\$10.00 per Certified Birth Certificate

\$15.00 per Certified Death Certificate

Office Use Only

Request Date_____ # Requested_____ Total Fee_____

Driver License #_____ Receipt #_____

Certified Certificate #_____