

FULTON COUNTY HEALTH DEPARTMENT

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VITAL RECORDS REGISTRAR—vr@co.fulton.in.us

REQUEST FOR CERTIFIED DEATH CERTIFICATE

Certified Death Certificate- \$12.00 Each (Cash or Money Order ONLY) Number of Copies Requested _____

If submitting by mail, you must send a **photocopy of your Driver's License or State issued I.D. and a Self-Addressed Stamped Envelope.**

****PLEASE PRINT****

Today's Date ____/____/____ Your Relationship to Deceased: _____

Purpose of Record: _____

DECEASED INFORMATION:

Name of Deceased: _____
Last Name First Name MI

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

REQUESTER INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Phone Number: _____

Email: _____

Office use only:

Driver's License # _____

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING OF THE INDIANA DEATH CERTIFICATE IS PROHIBITED