



Fountain Warren County Health Department Application for Record of Death

113 W. Sycamore Street, Attica, IN 47918

Phone: 765-762-3035 Fax: 765-762-6520

You **MUST** provide the following with **completed application**:

Copy of your photo ID with signature such as a driver's license or State ID

Certified Death Certificate Fee is \$10.00

If paying by check or money order please make payable to the **Fountain-Warren County Health Department**

Name of deceased: _____

Date of death: _____

County of death: _____

Name of requestor: _____

Your relationship to deceased: _____

Purpose for which record is requested: _____

Requestor's address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Your signature: _____ Date: _____