



# FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

## Death Certificate Application

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 \_\_\_\_\_