



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Genealogy Request

Correspondence through email is encouraged. Please send email requests to: fwhealthdept@gmail.com

Genealogy reports are \$1.00 for each individual.

Any certified copy for either birth or death is \$10.00.

Donations for genealogy searches are accepted.

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

Birth Record:

Child's full name at birth _____

Any other name under which the record could be recorded _____

Date of birth _____

Place of birth _____

Father's name _____

Mother's full legal name and maiden name _____

Death Record

Name of deceased _____

Date of death _____

County of death _____

Name of requestor _____

Requestor's address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your signature _____ Date _____

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