



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Death Certificate Application

Certified Death Certificate Fee is \$15.00 per copy

You **MUST** provide the following with **completed application before a certified copy is issued:**

- **Copy of your photo ID with signature** such as a driver's license, State ID, Military ID, or Passport
- **Payment methods accepted:** Cash, Check, or Money Order; do not send cash through mail. Make check or money order payable to the **Fountain & Warren County Health Department.**

Fees are subject to change. Please verify current fees directly with the Health Department.

Name of deceased _____

Date of death _____

County of death _____

Your relationship to deceased _____

Purpose for which record is requested _____

Your name _____

Your street address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your signature _____ Date _____