



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Genealogy Application

Genealogy reports are \$10.00 per copy (report + certified copy).

A preliminary request through email or by phone is highly recommended before payment is submitted. Payment will be reimbursed for any searches not found, unless specifically designated to be used as a donation.

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.

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 _____

Requestor Information

Name of requestor _____

Requestor's address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your signature _____ Date _____

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