

# FULTON COUNTY HEALTH DEPARTMENT

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## REQUEST FOR CERTIFIED DEATH CERTIFICATE

Certified Death Certificate- \$15.00 Each---CASH—MONEY ORDER---CREDIT/DEBIT CARDS

Number of Copies Requested \_\_\_\_\_

Must show Driver's License or proper I.D.

**\*\*PLEASE PRINT\*\***

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Relationship to Deceased: \_\_\_\_\_

Purpose of Record: \_\_\_\_\_

### DECEASED INFORMATION:

Name of Deceased: \_\_\_\_\_  
Last Name First Name MI

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place Where Death Occurred: \_\_\_\_\_

### REQUESTER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**WARNING:** FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING OF THE INDIANA DEATH CERTIFICATE IS PROHIBITED

**FOR OFFICE USE ONLY:** DRIVER'S LICENSE # \_\_\_\_\_