

APPLICATION FOR DEATH RECORD

Identification required: (Preferably drivers license or other picture ID including name, address, signature). Case Managers and/or Attorneys must provide professional and personal ID as well as Release of Information from client.

Name of Deceased _____

Date of Death _____ Birthdate of Deceased _____

Parent's Names _____

Place of Death _____
Township County Hospital Residence

Relationship to Deceased _____

Applicant's Name _____

Address _____
Street City State Zip

Certified Copies - \$15.00 each - # Of Copies Requested _____

Genealogy Copies - \$1.00 each - # of Copies Requested _____

Please complete application and return with a copy of identification, payment and stamped self addressed envelope. Send to: Wells County Health Department 223 W. Washington St. Bluffton, IN 46714