

## 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 - \$20.00 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