



Genealogy Request

Correspondence through email is encouraged. Please send email requests to: VitalRecords@warrencounty.in.gov

Genealogy reports are \$10.00 for each individual.

If paying by check or money order please make payable to the **Warren County 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 _____

Name of requestor _____

Requestor's address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your signature _____ Date _____

Warren County Health Department

417 N. High Street, West Lebanon, IN 47991 • 765-764-5855 • Fax 765-764-5856 • health.warrencounty.in.gov