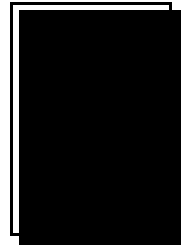


Cass County Health Department
Shot record request



512 High St.
Logansport, IN 46947
(574) 753-7760 Phone

(Please state full name including maiden.)

Full Name: _____

(No initials)

Other Name: _____

Date of Birth: _____

Requestor's Relationship: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone Number: _____

Signature: _____

Total Fee: \$2.00 per request

Please include a self addressed, stamped envelope along with the request and \$2.00.