

**Madison County Health Department
206 East 9th Street
Anderson, IN 46016**

APPLICATION FOR DEATH CERTIFICATE

How many copies? _____ (\$15 per copy)

Name of Deceased: _____

Relationship with deceased: _____

Purpose of which the record is to be used: _____

Place and date of death: _____

Signature of person requesting certificate: _____

Address: _____

Phone Number: _____

**When mailing request, please enclose a self-addressed, stamped envelope
\$15.00 per copy**