



**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 and \$15.00 for each copy being requested.