

APPLICATION FOR DEATH CERTIFICATE

**Madison County Health Department
206 East Ninth Street, Suite 200
Anderson, IN 46016**

Name of Deceased: _____

Purpose of which the record is to be used: _____

Place and Date of Death : _____ **Number of copies** _____

Signature of person requesting certificate: _____

**When mailing request, please enclose a self-addressed stamped envelope.
First copy \$7.75 each additional \$5.75.**