

William C. VanNess II, M.D.
Health Officer



Stephenie R. Mellinger
Administrator

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APPLICATION FOR DEATH CERTIFICATE

How many copies? _____ (\$15.00 PER COPY)
Name of Deceased: _____
Relationship with deceased: _____
Purpose of which the record is to be used: _____

City of Death: _____ Date of death: _____
Printed Name of person requesting certificate: _____
Signature of person requesting certificate: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

When mailing request, please enclose a self-addressed stamped envelope.
\$15.00 per copy (Make Check or Money Order payable to Madison County Health Department)

Office Use Only Payment: _____ BY: _____