MADISON COUNTY

MC HD

HEALTH DEPARTMENT

Madison County Health Department
206 East 9th Street
Suite 200
Anderson, IN 46016
765-641-9523

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:_____

Date:_____ Receipt #_____Scanned:_____