

**Jefferson County Health Department**  
**715 Green Road, Madison Indiana 47250**  
**Phone (812)273-1942 Fax (812)273-1955**

**Application for Death Certificate**

**(GENEALOGY ONLY)**

**PLEASE PRINT**

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Place of Death: \_\_\_\_\_

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Place of Death: \_\_\_\_\_

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Place of Death: \_\_\_\_\_

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Place of Death: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**The cost of a certified copy of death is \$10.00**