

Marshall County Health Department

112 W. Jefferson, Room 103

Plymouth, IN 46563

No Personal Checks

\$5.00 Each Copy

Cash or Money Order

Application for Death Certificate

Name of Deceased _____

Date of Death _____

Place of Death _____

Name of Requestor _____

Relationship to Deceased _____

Purpose for which record is requested _____

Signature of Requestor _____

Address _____

Date Requested _____ Number of Certificates Requested _____