

**Marshall County Health Department**

510 W Adams Street GL-30

Plymouth, IN 46563

**No Personal Checks- Cash or Money Orders only!!**

**\$10.00 per copy**

**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 \_\_\_\_\_