MADISON COUNTY MONTANA

PEGGY KAATZ
REGISTRAR
PO BOX 366
VIRGINIA CITY MT 59755

DEATH RECORD REQUEST: (Please fill out completely)

FULL NAME OF DECEDENT:

_____
FIRST MIDDLE LAST

DATE OF DEATH:
MONTH _____ **DAY**_____ **YEAR**_____

COUNTY OF DEATH: _____

APPLICANT'S NAME_____

ADDRESS: _____

RELATIONSHIP TO DECEDENT: _____

REASON FOR DEATH RECORD:
_____

NUMBER OF CERTIFIED COPIES REQUESTED: ($3.00 EACH) _____

NUMBER OF INFORMATIONAL COPIES REQUESTED ($.50) _____
Informational copies may be requested for death records 30 years or older. These copies are stamped as "Copy for Your Information".

_____
SIGNATURE **DATE**