Funeral Home Order Form
Delaware General Health District
1 and 3 W Winter St. P.O. Box 570 Delaware, Ohio 43015
Phone-740-203-2021 / Fax-740-368-1736

Date: _____

Funeral Home: _____

Address: _____**Phone #** _____

Name of Deceased	Date of Death	Issue Burial Permit	# Of Certified Copies	Va Copy	Audit Numbers For office use only

Total # of Certified Copies Issued _____**X $20.00 =**_____

Total # of Burial Permits Issued _____**X $3.00 =**_____

Total Due _____

Paid with Check # _____**Paid Cash**_____