

Delaware Public Health District

Application for Ohio Certified Death Record Copies



NOTICE: Pursuant to Ohio Revised Code 3705.29 (A) (3), it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or report required by this chapter or any certified copy of it, or any certificate, record, or report that is counterfeit, altered, or amended or false in whole or part.

APPLICANT INFORMATION (the person requesting the record)			
Applicant Name:		Date:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)		
Full Name (Decedent's full name at time of death):		
Date of Birth:	Date of Death:	City and County Where the Death Occurred:

FEES	
<input type="checkbox"/> No, I do not need the Social Security Number included. <input type="checkbox"/> Yes, I request a copy with the Social Security Number included. (If the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.) <ul style="list-style-type: none"> <input type="checkbox"/> Spouse or legal partner <input type="checkbox"/> Natural or adopted child, grandchild, or great-grandchild <input type="checkbox"/> Veteran's Affairs officer or official <input type="checkbox"/> Local, state or federal law enforcement official or agency <input type="checkbox"/> Funeral director or authorized representative <input type="checkbox"/> Executor or administrator of the decedent's estate <input type="checkbox"/> Agency with power of attorney <input type="checkbox"/> Any person authorized by law to act on behalf of the decedent or the decedent's estate 	<p>Number of Death Record Copies:</p> <p>_____ x \$25.00 = \$ _____</p> <p>Payment Method:</p> <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to DPHD) <input type="checkbox"/> Money Order (payable to DPHD) <input type="checkbox"/> Credit / Debit Card * Additional minimum \$2.00 processing fee.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Delaware Public Health District
 Vital Statistics
 470 S. Sandusky Street
 Delaware, OH 43015

OFFICE USE ONLY	
Audit #	_____
Order #	_____
Receipt #	_____