

# APPLICATION FOR COPY OF DEATH CERTIFICATE



# I M P O R T A N T

EACH COPY REQUESTED MUST HAVE REQUIRED FEE.  
 ENCLOSE CHECK OR MONEY ORDER PAYABLE  
 TO: **“PIQUA HEALTH DEPARTMENT”**

**Certified copy----  
\$22.00 each**

<b>TO BE PRINTED --- INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED</b>					
FULL NAME AT DEATH	FIRST	MIDDLE	LAST		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF DEATH	MONTH	DAY	YEAR	AGE (AT LAST BIRTHDAY)	
PLACE OF DEATH	CITY, VILLAGE OR TOWNSHIP		COUNTY	STATE	
NAME OF FUNERAL HOME					
ADDRESS OF FUNERAL HOME					
APPLICANT'S SIGNATURE			PHONE NO. (   )		
PRESENT ADDRESS	NUMBER AND STREET	CITY, VILLAGE OR TOWNSHIP		STATE	ZIP
AMOUNT ENCLOSED	) CHECK ) MONEY ORDER	DATE	TO YOUR KNOWLEDGE HAS A COPY OF THIS RECORD BEEN OBTAINED BEFORE?	) YES ) NO ) UNKNOWN	
TO YOUR KNOWLEDGE HAVE ANY CORRECTIONS OR CHANGES BEEN MADE TO THIS CERTIFICATE?					) YES ) NO ) UNKNOWN

**PRINT NAME AND ADDRESS OF PERSON TO WHOM CERTIFICATE(S) IS (ARE) TO BE MAILED IN THE SPACE BELOW---OR JUST SEND A SELF ADDRESSED ENVELOPE ALONG WITH YOUR APPLICATION TO:**

NAME		
ADDRESS NUMBER AND STREET		
CITY	STATE	ZIP

**PIQUA DEPARTMENT OF HEALTH  
 VITAL STATISTICS  
 201 W. WATER ST.  
 PIQUA, OH 45356**