

# APPLICATION FOR COPY OF DEATH CERTIFICATE



**IMPORTANT – THE CITY OF PIQUA ONLY HAS DEATH RECORDS FOR DEATHS THAT OCCURRED IN THE CITY OF PIQUA LIMITS FROM DECEMBER 1908 TO PRESENT**

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

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

TO BE PRINTED --- INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED					
FULL NAME AT DEATH	FIRST	MIDDLE	LAST		
DATE OF DEATH	MONTH	DAY	YEAR	AGE	
PLACE OF DEATH					
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**