

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

I HEREBY MAKE APPLICATION FOR THE FOLLOWING CERTIFIED COPY OF DEATH:

NAME AT
DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

YOUR NAME: _____

YOUR ADDRESS: _____

STREET CITY STATE ZIP

DAYTIME PHONE NO: _____

PLEASE CHECK: NUMBER OF COPIES REQUESTED @\$25.00 EACH _____

MAKE CHECKS PAYABLE TO: CITY OF MIDDLETOWN

SEND COMPLETED REQUESTS TO:

MIDDLETOWN CITY HEALTH DISTRICT
ONE DONHAM PLAZA
MIDDLETOWN, OH 45042

PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

YOU CAN ALSO FAX YOUR COMPLETED REQUESTS TO: (513) 425-7852

WE ACCEPT VISA, MASTERCARD AND DISCOVER.

CARD NO. _____

EXPIRATION DATE: _____

VERIFICATION CODE: _____

IF YOU WOULD LIKE MORE INFORMATION ON HOW TO OBTAIN DEATH
CERTIFICATES FROM THE STATE OF OHIO OR FROM OTHER STATES,
PLEASE LINK TO: <http://www.cdc.gov/nchswww/howto/w2w/alphabet.htm>