

Ashtabula County Health Department – Vital Statistics

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

\$25.00 PER COPY

IF THE DEATH OCCURRED WITHIN THE LAST 5 YEARS:

Check the reason you are requesting a copy with the SSN included because I am:

- The deceased's spouse or lineal descendant (ex: children, grandchildren)
- The deceased's executor, attorney or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
- A veteran's service officer
- An accredited member of the media

<u>PLEASE DO NOT WRITE IN THIS SPACE.</u>	
How Many Copies _____	Amount \$ _____
Receipt Number _____	Clerk _____
Certificate Number(s) _____	
Date _____	
Audit Number(s) _____	

YOU MUST ATTACH A COPY OF YOUR IDENTIFICATION SHOWING YOU ARE AN AUTHORIZED REQUESTOR. IF NOT THEN THE DEATH RECORD WILL HAVE THE SSN REDACTED PER OHIO SENATE BILL #61.

PLEASE PRINT NEATLY

Decedent's Legal Name	First	Middle	Last
Date of Death	Where did death occur? (city in Ohio)		Reason for obtaining copy of record
Mother's first name	Middle name	Mother's maiden name	
Father's first name	Middle name	Father's last name	
Applicants name (PLEASE PRINT)		Applicant's Phone Number	
Applicant's address		City	State Zip
Applicant's Signature		Date	

Send completed application along with money order or certified bank check (ONLY) plus a self addressed stamped envelope payable to:

**ASHTABULA COUNTY HEALTH DEPARTMENT
VITAL STATISTICS DEPARTMENT
12 West Jefferson Street
Jefferson, OH 44047
(440) 576-6010 x 3**

MAIL-IN ORDERS:

Number of copies requested _____ x \$25.00/copy = Total due \$ _____

SORRY BUT WE DO NOT ACCEPT CREDIT CARDS OR OUT OF STATE CHECKS