



**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

FOR OFFICE USE ONLY

Check MO Cash

Copy # _____ 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.

WE DO NOT ACCEPT CREDIT CARDS OR OUT OF STATE CHECKS

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)		Applicants phone number		
Applicant's address		City	State	Zip
Applicant's Signature		Date		

Send completed application along with a 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 \$ _____