

## Death Certificate Application

**\$27.00 per copy**

*Please print neatly – information must be legible in order to locate the certificate*

<b>APPLICANT INFORMATION (the person requesting the record):</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>City, State, &amp; Zip:</b>
<b>What is your relationship to the deceased?:</b>	

All death certificates less than 5 years old will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:

- The decedent's spouse or lineal descendant (child, grandchild, great-grandchild, or adopted child)
- Executor or administrator of the estate or an agent
- Agent with power of attorney
- Private investigator

<b>RECORD INFORMATION (the person the death certificate is for):</b>
<b>Need more than one certificate? Add additional requests to the back of this form!</b>

<b>Name on certificate (first, middle, last):</b>	
<b>Date of death:</b>	<b>Number of Copies Requested:</b>

MAIL COMPLETED APPLICATION TO:  
 Hamilton County Public Health  
 1701 Patricia McCollum Way, Dept. 93  
 Cincinnati OH 45237

Please include a check or money order made out to Hamilton County Public Health  
Do not send cash