

PERRY COUNTY HEALTH DEPARTMENT Death Certificate Request Application

Perry County Health Department
212 South Main Street, Lower Level PO Box 230
New Lexington OH 43764
Phone: 740-342-5179 Fax: 740-342-5540

\$25.00 per Certificate
Check/Cash or Money Order Only
Credit/Debit Cards Not Accepted

Number of Copies Requested: _____

Deceased's Name: _____

Date of Death: _____

Place of Death: (Town and County) _____

Funeral Home (Name & Address) _____

Applicant's Current Information: **(All information must be completed prior to receiving certificate)**

Applicant's
Signature: _____

Address (Including PO Box if used as mailing address): _____

Telephone Number: _____

Relationship to Person Whose Certificate is Being Requested: _____

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(For Office Use Only)

Death Certificate Issuance Information:

Audit Number(s): _____

Receipt #: _____ Date Processed: _____ Processed by: _____