

# DEATH CERTIFICATE APPLICATION FORM

## For PERRY COUNTY DEATH Only:

### Instructions:

1. Complete the form below for each certificate request (per person).
2. Cost is \$25.00 per certificate (Cash, Check, Money Order, Debit/Credit Card)
3. Make Checks Payable to Perry County Health Department
4. Mail to Perry County Health Department; PO Box 230, New Lexington OH 43764

### Number of Certificates Requested:

1  2  3  4  Other - # \_\_\_\_\_

Amount Due: \_\_\_\_\_

### Information on Certificate Being Requested:

First Name	Middle Name	Last Name on Certificate	
Place of Death: PERRY COUNTY ONLY			City/Town/Village: _____
Date of Death:		Funeral Home Who Handled the Arrangements:	
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### Your Information (person requesting certificate)

Name: _____
Address: (Street/Road) _____
City: _____ State: _____ Zip Code: _____
Relationship to Decedent: _____ Phone: _____
_____ Applicant's Signature _____ Date

### VS Office Use Only:

Audit # _____ Check # _____ Cash _____ Credit # _____ Receipt # _____
Issued By: _____ Date: _____ Date Mailed _____

