

DEATH CERTIFICATE APPLICATION FORM

For PERRY COUNTY DEATH Only:

Instructions:

1. Complete the form below for each certificate request.
2. **Cost is \$25.00 per certificate** (Cash, Check, Money Order, and Debit/Credit Card- 3% fee will apply)
3. Make Checks/ Money Orders 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:

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 _____	

