



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
409 Lincoln Park Drive, PO Box 230
New Lexington, OH 43764
Ph. 740.342.5179
Fax: 740.342.5540
perrycountyhealth.info

Death Certificate Request 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- 3% fee will apply)
3. Make checks/money orders payable to: Perry County Health Department
4. Request can be mailed to Perry County Health Department, P.O. 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 _____
Place of Death: **Perry County Only** City, Village or Twp _____ Date of Death _____
Name of Funeral Home Who Handled Arrangements _____

Information of Person Requesting Certificate:

Name _____ Relationship to Decedent _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____
Applicant's Signature _____ Date _____

VS Office Use Only:

Audit #s _____
Check # _____ Cash _____ Credit Card Receipt # _____ Receipt # _____
Issued By _____ Date _____ Date Mailed _____ Rev. 01/2024

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

