



**UNION COUNTY
HEALTH DEPARTMENT**
 940 London Ave, Ste 1100
 Marysville OH 43040
 (937) 642-2053
 vitalstats@uchd.net

Application for Ohio Certified Death Record Copies Death/Fetal Death Certificate Copy \$25

TODAY'S DATE _____

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)

Full Name (Decedents full name at time of death): 			
Date of Birth:	Date of Death:	City and County Where the Death Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage: 	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Union County Health Department)

<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.) <i>*See below for authorized requestors.</i> <i>*Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.</i>	Number of Death Record Copies: _____ x \$25.00 = \$ _____
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MAIL COMPLETED APPLICATION WITH REQUIRED FEE AND SELF- ADDRESSED STAMPED ENVELOPE TO: UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE, STE 1100 MARYSVILLE OH 43040	Number of Fetal Death Record Copies: _____ x \$25.00 = \$ _____
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TOTAL AMOUNT DUE: Do NOT send cash. Make check/money order payable to Union County Health Department	\$ _____
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Audit# _____ **Receipt#** _____

Processed by: _____