

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

I HEREBY MAKE APPLICATION FOR THE FOLLOWING CERTIFIED COPY OF DEATH:

NAME AT DEATH \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

DAYTIME PHONE NO: \_\_\_\_\_

PLEASE CHECK: NUMBER OF COPIES REQUESTED @\$25.00 EACH \_\_\_\_\_

MAKE CHECKS PAYABLE TO: CITY OF MIDDLETOWN

SEND COMPLETED REQUESTS TO:

MIDDLETOWN CITY HEALTH DISTRICT  
ONE DONHAM PLAZA  
MIDDLETOWN, OH 45042

PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

YOU CAN ALSO FAX YOUR COMPLETED REQUESTS TO: (513) 425-7852

WE ACCEPT BOTH VISA AND MASTERCARD.

CARD NO. \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

IF YOU WOULD LIKE MORE INFORMATION ON HOW TO OBTAIN DEATH CERTIFICATES FROM THE STATE OF OHIO OR FROM OTHER STATES, PLEASE LINK TO: <http://www.cdc.gov/nchswww/howto/w2w/alphabet.htm>