

AUGLAIZE COUNTY HEALTH DEPARTMENT
OFFICE OF VITAL STATISTICS
APPLICATION FOR CERTIFIED DEATH CERTIFICATES

\$22.00 PER COPY

Name of Deceased _____ Date of Death _____

Place of Death (*City/County in Ohio*) _____

NUMBER OF COPIES ORDERED _____

PLEASE COMPLETE YOUR NAME AND ADDRESS:

Your Name _____

Your Address _____

Your City/State/Zip _____

Your Telephone # _____

Your Signature _____

DO NOT WRITE IN THIS SPACE

AMOUNT PAID _____
CASH CHECK

RECEIPT # _____

PAPER # _____

DATE PROCESSED _____

DATE PAID _____

STAFF INITIALS _____