

DEATH CERTIFICATE MAIL-IN APPLICATION FORM

Instructions:

1. Complete an application form for each certificate requested.
2. Include money order or cashier's check for **\$24.00***. We do not accept out-of-state checks.
3. **Mail completed form and payment to:**

Clark County Combined Health District
Attn: Vital Records
529 E. Home Road
Springfield, OH 45503

Note: *When ordering more than one, please remit \$24.00 for the first certificate and \$24.00 for each additional certificate. Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded and considered a donation.

Information on Certificate Being Requested

First Name on Certificate:	Middle Name on Certificate:	Last Name on Certificate:
Place of Death: CLARK COUNTY ONLY	Date of Death:	Number of Copies Needed:

Applicant Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Signature: _____ Telephone Number: _____

As of October 15, 2015, ORC 3705.23 states "for the first five years after a decedent's death, a decedent's social security number shall not be included on a certified copy of the decedent's death certificate unless that that information is specifically requested to be on the certified copy by one of the following who presents proof satisfactory to the director, state registrar, or local registrar of the person's identity".

I am hereby requesting that the social security number appear on the death certificate for the above-mentioned decedent and I will provide satisfactory proof of relationship to the local registrar.

Relationship to the Decedent	Proof of Relationship Used
<input type="checkbox"/> Spouse or legal partner	<input type="checkbox"/> Current state Issued photo ID
<input type="checkbox"/> Natural or adopted child	<input type="checkbox"/> Decedent's certificate of death designating the name of spouse/child
<input type="checkbox"/> Natural or adopted grandchild or great-grandchild	<input type="checkbox"/> Marriage license
<input type="checkbox"/> Licensed funeral directed or agent	<input type="checkbox"/> Income tax return (1040)
<input type="checkbox"/> Federal/state/local government official	<input type="checkbox"/> Joint bank account documentation
<input type="checkbox"/> Press or media	<input type="checkbox"/> Birth certificate or birth verification
<input type="checkbox"/> Executor of the decedent's estate	<input type="checkbox"/> Will or legal documentation
<input type="checkbox"/> Private investigator w/Class A or B license	<input type="checkbox"/> Medical or life insurance policy
<input type="checkbox"/> A county veterans service officer	<input type="checkbox"/> Baptismal record
<input type="checkbox"/> Agent with power of attorney, agent of the estate, or who is authorized to act on behalf of the decedent	<input type="checkbox"/> Written agency request on letterhead

For Office Use Only

Rev. 12/19/23

Security Paper # _____ Receipt # _____ Received By: _____ Date: _____