



Madison County Public Health

306 Lafayette Street London, Ohio 43140

Phone:740-852-3065 Fax:740 852-5418

info@madisonpublichealth.org

Prevent. Promote. Protect.

Death Certificate Application

_____ **Number of Certified Copies - \$25.00 each**

Cash accepted or Make Check or Money Order payable to
"Madison County Public Health "

Are you requesting for the Social Security number to be visible on the certified copy?

No _____ Yes _____

If yes, how are you related to decedent? Circle at least one: *Decedent's Spouse, VA officer, Lineal descendent, PI w class A or B license, Federal or State Prosecuting officer, Press or Media, Executor, Agent with Power of Attorney, Executor of Will, Authorized Representative of Decedent, Funeral Director*

Proof of relationship to decedent- State issued photo ID? Yes _____ **Circle at least one below:**

Acceptable forms of proof: Marriage license, Cert. of death with name of spouse designated, Birth Certificate, Income tax return, Bank Acct. (joint), Will or legal documentation, Insurance policy, Baptismal record, Notarized affidavit of relationship, Employee ID badge, Written agency request on letterhead, Legal documentation issued by a US court.

PRINT INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED

FULL NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH -*City, village or county*

NAME AND ADDRESS OF PERSON MAKING REQUEST

SIGNATURE OF PERSON MAKING REQUEST

PHONE #

DATE

*****DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) *****

DATE ISSUED

STATE FILE NO.

RECEIPT NO.

SECURITY PAPER NUMBER