



250 William Howard Taft Road
Cincinnati OH 45219
(513) 946-7800

BIRTH AND DEATH CERTIFICATE APPLICATION

HOW WOULD YOU LIKE TO RECEIVE CERTIFICATES?

SAME DAY PICKUP _____ MAILED _____ HOLD FOR PICKUP _____

WHAT TYPE OF CERTIFICATE ARE YOU WANTING TODAY?

(Please circle one) BIRTH OR DEATH

REQUESTOR'S NAME (YOUR NAME): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

BIRTH OR DEATH RECORD INFORMATION

NAME ON RECORD: _____

DATE OF BIRTH OR DEATH: _____

HOW MANY COPIES (\$24.00) WOULD YOU LIKE TO ORDER? _____

IF REQUESTING A DEATH CERTIFICATE, WHERE DID THE DEATH OCCUR (CITY, TWP, OR VILLAGE) _____

SIGNATURE OF REQUESTOR (FUNERAL HOMES: PLEASE LIST THE FUNERAL HOME NAME AS WELL): _____

All death certificates for deaths within the last five years will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:

- | | |
|---|---|
| <input type="checkbox"/> Decedent's spouse or lineal descendent
(IE: child, grandchild, great grandchild or adopted child) | <input type="checkbox"/> Press or Media |
| <input type="checkbox"/> Executor or administrator of the estate or agent | <input type="checkbox"/> Licensed funeral director or agent |
| <input type="checkbox"/> Federal, State or Local Government official | <input type="checkbox"/> Agent of power of attorney |
| | <input type="checkbox"/> Other _____ |



PREVENT. PROMOTE. PROTECT.

PAYMENT INFORMATION

ESCROW PAYMENT

ACCOUNT # _____

CASH PAYMENT

AMOUNT \$ _____

CREDIT CARD PAYMENT

NAME ON CARD _____

ADDRESS _____

PHONE NUMBER _____

CC # _____

EXP. DATE _____

ELECTRONIC CHECK PAYMENT

NAME ON ACCOUNT _____

ADDRESS _____

PHONE # _____

ROUTING # _____

ACCOUNT NUMBER _____

DOB FOR PRIMARY ACCOUNT HOLDER _____

RECEIPT # : _____

DATE: _____