



HAMILTON COUNTY PUBLIC HEALTH

250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219 • 513.946.7800
hamiltoncountyhealth.org



DEATH CERTIFICATE APPLICATION

Date: _____

APPLICANT INFORMATION (Information about the person requesting the record) ***Please print clearly***

Applicant Name: _____ Phone #: _____

Street Address: _____ City, State, & Zip: _____

Signature: _____

RECORD INFORMATION (Information about the person on the requested record)

Decedent Name: _____ Date of Death: _____

Where Death Occurred (City, Twp. Village): _____

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:

- The decedent's spouse, or lineal descendant (IE: child, grandchild, great-grandchild, or adopted child)
- Licensed funeral director or agent
- Federal/State/Local government official
- Press or Media
- Executor or administrator of the estate or an agent
- Agent with power of attorney
- Private investigator

How many certified copies (\$24.00 each) would you like to order? _____

How would you like the certificates? _____ Mailed _____ Hold for pick-up

Payment Information:

Escrow Payment

Account # _____

Credit Card Payment

Name of Card: _____

Address: _____

Phone #: _____

CC #: _____

Exp. Date: _____

Electronic Check Payment

Name on Account: _____

Address: _____

Phone #: _____

Routing #: _____

Account #: _____

Cash Payment:

Amount: _____

Date of Birth for Primary Account Holder: _____