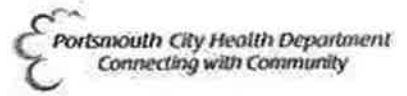


PORTSMOUTH CITY HEALTH DEPARTMENT



Application for Ohio Certified Death Record Copies

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Portsmouth City Health Department
 605 Washington Street
 Portsmouth, Ohio 45662
 (740) 353-5153 Option 1

DEATH CERTIFICATES ARE \$25.00 PER CERTIFIED COPY

ACCEPTABLE FORMS OF PAYMENT: CASH, MONEY ORDER, CHECK (IN PERSON ONLY)

APPLICANT INFORMATION (the person requesting the record)			
Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.			
APPLICANT NAME:		EMAIL:	
STREET ADDRESS:		PHONE NUMBER:	
CITY, STATE & ZIP		SIGNATURE OF APPLICANT:	

RECORD INFORMATION (the person on the requested record)			
Full Name (Decedents full name at time of death):			
Date of Birth:	Date of Death:	City and County Where the Death Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks/money orders payable to Portsmouth City Health Department)	
DEATH	
<input type="radio"/> No, I do not need the Social Security Number Included <input type="radio"/> Yes, I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.) * See below for authorized requestors.	Number of Death Record Copies: _____ x \$25.00 = \$ _____

* Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.