



# KENT CITY HEALTH DEPARTMENT (Phone/ 330-678-8109)

## Application for Ohio Certified Death Record Copies

- Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception, any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.
- Current Fee: \$24.00 Per Certified Copy
- \*Mail Ordering: Must include required fee and a self-addressed stamped (postage paid) traceable return envelope. Orders received are normally processed in 1-3 business days and will be sent in a customer provided return envelope with or without a traceable method. \*Kent City Health Dept. is not responsible for lost or delayed mail.
- All sales are final, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.

### \*MAIL COMPLETED APPLICATION TO:

Kent City Health Department  
201-G E. Erie St.  
Kent, OH 44240

### APPLICANT INFORMATION (the person requesting the record) Please print clearly :

NAME		DATE	
Street Address		Phone	
City, State, & Zip		Signature	
Email			

### RECORD INFORMATION (the person on the requested record) :

Full Name (indicate the name of the decedent at time of death):

Date of Death:

Ohio City and County Where the Death Occurred:

- ☐ NO, I do not need the Social Security Number included.
- ☐ YES, I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date, identification and/or credentials would be required per Ohio law.) \*See below.

### FEES :

\*Authorized requestors:

Spouse or legal partner; natural or adopted- child, grandchild, 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.

Number of Certified Copies Requested:

\_\_\_\_\_ x \$24.00 each

TOTAL DUE: \$\_\_\_\_\_

Make checks/money orders payable to: KENT CITY HEALTH DEPT. (Returned/NSF Checks- \$20.00 Fee)

RECEIPT# \_\_\_\_\_

PAPER# \_\_\_\_\_

LAST \_\_\_\_\_

BP / VA \_\_\_\_\_

AFPS \_\_\_\_\_

SUPPS \_\_\_\_\_

FIRST \_\_\_\_\_