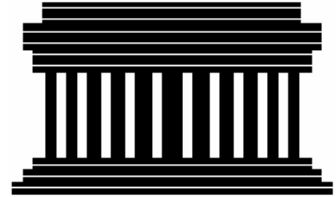


CITY OF MARION

Board of Health

233 West Center Street, Marion, Ohio 43301-1822
 Phone (740) 387-3604 Fax (740) 383-2251



Progress Through Prevention!

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
 (For deaths occurring in Marion County only)

A fee of \$20.00 must accompany application for each copy requested

Please print all information

Information Listed on Death Certificate		
Last Name on Certificate	First Name	Middle Name
Date of Death / / Month Day Year	Name of Funeral Home	
Any corrections/changes made to this Certificate? No Unknown Yes (list)		
Payment Information		
For quickest service, include payment in the form of a money order made payable to Marion City Health Department and enclose a self-addressed stamped business size envelope.	Total Amount Enclosed	
	# of Certified Certificates Requested	_____
	Cost per Copy	\$ 20.00
Total Amount Enclosed		\$ _____
Information for Person Requesting Certificate(s)		
Requestor Name		
Requester Street Address		
Requestor City, State, Zip		
Requestor Signature	Date / /	Daytime Phone () -
- For Health Dept. Use Only -		
Date Received / /	Receipt # _____	Process Date / /