

DEATH CERTIFICATE MAIL APPLICATION FORM

FOR FRANKLIN COUNTY DEATHS ONLY

Instructions:

1. Complete the form below for each certificate request.
2. Prepare payment. Cost is \$25 for each certificate copy requested. Money orders and checks are accepted (no starter checks). Make checks out to: **Columbus City Treasurer**.
3. Mail completed form and payment to:
Franklin County Office of Vital Statistics – Columbus Public Health
240 Parsons Ave., Columbus, OH 43215

For VS office use only:

Reg#: _____

Microfilm date: _____

Aff/Supp MF date: _____

Type of Identification: _____

Note: Due to storage on microfilm some certificate requests may take longer to process.

Number of Certificates Requested

Check the box of the number of copies that you are requesting:

1 2 3 4 Other: _____

You Will Receive Your Certificates by Mail.

Information on Certificate Being Requested

| | | |
|---|--|--|
| First Name | Middle Name | Last Name on Certificate |
| Place of death FRANKLIN COUNTY ONLY | City, Village, or Township where deceased | Date of Death / / Month Day Year |
| Funeral home who handled arrangements | | |
| Your signature | Current Date / / 21 | Phone # () - |

Your Information (person requesting certificate)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Person Who Died: _____