

DEATH CERTIFICATE MAIL-IN REQUEST FORM

PLEASE SEND A MONEY ORDER OR CASHIER'S CHECK FOR \$23.00
AND A SELF-ADDRESSED STAMPED BUSINESS-SIZE ENVELOPE

(When ordering more than one certificate, please remit \$23.00 for the first certificate and \$22.00 for each additional certificate. The \$1.00 fee covers the cost for the certificate of mailing.)

FULL NAME ON CERTIFICATE_____

DATE OF DEATH_____ # OF COPIES_____

SIGN YOUR NAME_____

YOUR ADDRESS_____

Make money order or cashier's check payable to: CCCHD

Mail to: Clark County Combined Health District
Vital Statistics
529 E. Home Road
Springfield, OH 45503-2710