Massillon City of Champions Health Department

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Full Name at Time of Death:	
Date of Death:	**City Where Death Occurred:**

ACCORDING TO STATE REGULATIONS, SOCIAL SECURITY NUMBERS WILL NOT BE INCLUDED FOR DEATHS WHICH OCCURRED WITHIN THE PAST 5 YEARS

I am requesting a copy with the SSN included because I am:

- ☐ The deceased's spouse, or lineal descendant
- ☐ The deceased's executor, attorney, or legal agent
- ☐ A representative of an investigative government agency
- ☐ A private investigator
- ☐ A veteran's service officer
- ☐ An accredited member of the media
- ☐ A funeral director (or agent responsible for disposi⍰on of the body) acting on behalf of the deceased's family

You must attach a copy of your identification showing you are an authorized requestor.

Number of copies requested: _____ x $25 = $ _____ TOTAL PAYMENT ENCLOSED

APPLICANT INFORMATION (Information about the person requesting the record) **PLEASE PRINT CLEARLY**

Applicant Name:	**Phone Number:**
Address:	**City, State & ZIP:**
Signature of Applicant:	

DO NOT SEND CASH

Please include a check or money order made payable to ***Massillon City Health Department***

If writing a personal check, you must include a legible copy of your valid driver's license or State ID

MAILING ADDRESS:

Send completed application with required fee to:

Massillon City Health Department
111 Tremont Ave SW
Massillon, OH 44647