



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 disposition 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
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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