

**HOCKING COUNTY HEALTH DEPARTMENT**

132 HOCKING MALL  
LOGAN, OH 43138  
PHONE: (740) 385-3030 FAX: (740) 385-2252

**DO NOT WRITE IN THIS SPACE**

DATE	EMP
\$	
AMOUNT	#OF COPIES
VOLUME NO.	CERTIFICATE #
RECEIPT NO.	AUDIT #

**\$22.00 EACH**

**Cash, check or money order only**

**APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

**#OF COPIES** \_\_\_\_\_

FULL NAME \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_  
MONTH DAY YEAR

PLACE OF DEATH \_\_\_\_\_  
COUNTY CITY, VILLAGE OR TOWNSHIP

FUNERAL DIRECTOR \_\_\_\_\_

ADDRESS OF FUNERAL HOME \_\_\_\_\_  
STREET CITY STATE ZIP

APPLICANT'S SIGNATURE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP