

NORWOOD CITY BOARD OF HEALTH

ROBERT C. QUADE HEALTH CENTER
2059 SHERMAN AVE. NORWOOD, OHIO 45212
PHONE (513) 458-4600 FAX (513) 458-4606



Pamela Mullen RN, MSN
Health Commissioner

DEATH CERTIFICATE APPLICATION

Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person whether living or dead.

FULL NAME ON RECORD: _____

DATE OF OCCURRENCE: _____

LOCATION OF DEATH _____

NUMBER OF COPIES REQUESTED: _____

PERSON REQUESTING RECORD: _____

MAILING ADDRESS _____ PHONE _____

CITY, STATE, ZIP CODE _____

SIGNATURE **X** _____

IF ORDERING BY MAIL:

IF PAYING BY CREDIT CARD (VISA, MASTERCARD, DISCOVER ONLY) YOU MUST PROVIDE:

CARD NUMBER: _____ EXPIRES _____ SECURITY CODE _____

(NOT PIN)

OR INCLUDE A MONEY ORDER PAYABLE TO **NORWOOD CITY BOARD OF HEALTH**

INCLUDE SELF-ADDRESSED STAMPED ENVELOPE (FOR RETURN OF BIRTH ABSTRACT) AND

MAIL TO NORWOOD CITY BOARD OF HEALTH, 2059 SHERMAN AVENUE, NORWOOD, OH 45212

FOR OFFICE ONLY

ISSUED BY: _____

DATE _____ # COPIES _____ @ \$25.00 = \$ _____

SECURITY PAPER # _____

*This agency is an equal provider of
Services and an equal opportunity employer.*