



304 Putnam Street, Marietta, Ohio 45750  
 Phone (740) 373-0611; Fax (740) 376-6445  
 Michael Brockett, MD, Health Commissioner

## APPLICATION FOR CERTIFIED DEATH CERTIFICATE

<b>Death Certificate</b> \$ 25.00 per certified copy	# of copies requested _____	Money Enclosed \$ _____	
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**MAILING ADDRESS**  
See Above

### RECORD INFORMATION *(Information about the person on the requested record)*

<b>Full name</b> <i>(Indicate full name as shown on the original death record):</i>		
<b>Date of Death:</b>		<b>City and County where event occurred:</b>  <b>MARIETTA</b>

### CHARGES *Please include check or money order (do not send cash) made payable to "City of Marietta".*

<b>Death:</b> Proof of Relationship Verification > > > >+++++	I am requesting a copy with the SSN included because I am: (Please check appropriate box)	<input type="checkbox"/> Current State Issued Photo ID Plus one of the Following.....
	<input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media  <b>You must provide a copy of your identification showing you are an authorized requestor.</b>	<input type="checkbox"/> Marriage License <input type="checkbox"/> Decedent's Certificate of Death (Naming Surviving Spouse) <input type="checkbox"/> Birth Certificate or Certification <input type="checkbox"/> Income Tax Return (1040) <input type="checkbox"/> Bank Account Documentation (Joint) <input type="checkbox"/> Will or Legal Documentation <input type="checkbox"/> Medical or Life Insurance Policy <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Notarized Affidavit of Relationship <input type="checkbox"/> Employee ID Badge <input type="checkbox"/> Written Agency Request on Letterhead <input type="checkbox"/> Written Authorization Executed by the Decedent <input type="checkbox"/> Legal Documentation Issued by a US Court

### APPLICANT INFORMATION *(Information about the person requesting the record)*

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	<b>X</b>



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