MARIETTA/BELPRE
HEALTH DEPARTMENT

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

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Death Certificate $ 25.00 per certified copy	# of copies requested ____	Money Enclosed $_____

MAILING ADDRESS
See Above

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

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

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

Death: Proof of Relationship Verification..... ==========	I am requesting a copy with the SSN included because I am: (Please check appropriate box) □ 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 funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family □ A veteran's service officer □ An accredited member of the media	□ Current State Issued Photo ID Plus one of the Following..... □ Marriage License □ Decedent's Certificate of Death (Naming Surviving Spouse) □ Birth Certificate or Certification □ Income Tax Return (1040) □ Bank Account Documentation (Joint) □ Will or Legal Documentation □ Medical or Life Insurance Policy □ Baptismal Record □ Notarized Affidavit of Relationship □ Employee ID Badge □ Written Agency Request on Letterhead □ Written Authorization Executed by the Decedent □ 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:	X

"One Team, One Goal: HEALTHY COMMUNITIES!"

Application Created: 2019
Revised: May 2021
Revised: October 18, 2022
Revised: 01/31/2025