

WILLIAMS COUNTY HEALTH DEPARTMENT  
310 LINCOLN AVENUE, P.O. BOX 146  
MONTPELIER, OHIO 43543

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

NAME ON RECORD: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

OFFICE USE ONLY

RECEIPT NUMBER: \_\_\_\_\_ CERTIFICATE PAPER NUMBER: \_\_\_\_\_