

Williams County Health Department

Application for Ohio Certified Death Record Copies

MAIL COMPLETED APPLICATION WITH
REQUIRED FEE TO:

Williams County Health Department
310 Lincoln Ave
Montpelier, OH 43543
419-485-3141

- ☐ CASH
☐ CHECK# _____
☐ CREDIT CARD

APPLICANT INFORMATION (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:	

RECORD INFORMATION (the person on the requested record)	
Full Name (Decedents full name at time of death):	
Date of Death:	City/County of Death:

FEES (Please make checks / money orders payable to the Williams County Health Dept or WCHD)	
<input type="checkbox"/> No, I do not need the Social Security Number included. <input type="checkbox"/> Yes, I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.) *See below for authorized requests.	Number of Death Record Copies: _____ x \$25.00 = \$
<i>*Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.</i>	
TOTAL AMOUNT DUE: Do not send cash. Make check/money order payable to Williams County Health Dept	
\$ _____	

For Office use only:

Receipt Number	Date
State File Number	Certificate Number