



# Hamilton County Clerk

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## APPLICATION FOR CERTIFIED DEATH RECORD

1. Fee: \$26.00 for 1<sup>st</sup> copy. \$14.00 for each additional copy

### 2. Death record requested (If more space is needed, please attach separate sheet)

FULL NAME OF DECEASED: \_\_\_\_\_  
FIRST MIDDLE LAST

PLACE OF DEATH: \_\_\_\_\_  
HOSPITAL CITY, VILLAGE COUNTY

DATE OF DEATH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: M F MARITAL STATUS: M D S W

DATE LAST KNOWN TO BE ALIVE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ LAST KNOWN ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIRTHPLACE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

### 3. Applicant Information

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S RELATIONSHIP TO DECEASED: \_\_\_\_\_

INTENDED USE OF CERTIFICATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_ (\$26.00 – FIRST COPY \$14.00 – EACH ADDITIONAL COPY) TOTAL: \_\_\_\_\_

\*\*\*PLEASE INCLUDE PAYMENT AND COPY OF PHOTO ID\*\*\*