

**FINDLAY CITY HEALTH DEPARTMENT**  
**Vital Statistics Division**  
**1644 TIFFIN AVENUE, SUITE A, FINDLAY OH 45840**

Phone: (419) 424-7106

**APPLICATION FOR REQUEST OF DEATH CERTIFICATE**  
**PLEASE TYPE OR PRINT INFORMATION**

e-mail: [health@ci.findlay.oh.us](mailto:health@ci.findlay.oh.us)

NAME ON DEATH CERTIFICATE:		
DATE OF DEATH:	PLACE OF DEATH:	
FATHER'S NAME (IF KNOWN):		
MOTHER'S MAIDEN NAME (IF KNOWN):		
LIST ANY CHANGES/CORRECTIONS MADE TO THIS CERTIFICATE:		
DAYTIME PHONE NUMBER: (      )		
MAILING ADDRESS: (NAME)		
P O BOX / APARTMENT NO.:		
STREET:		
CITY:	STATE:	ZIP:

Certified Copies (Official Document) \_\_\_\_\_ @ \$ 25.00 each = \$ \_\_\_\_\_  
**Fee to be included with request**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate the number of certificates being requested. **Be sure to sign the application.**

\*Please send payment in the form of a check (must be drawn on a bank within the state of Ohio) or money order **made payable to: *City of Findlay***.

During times of high mail volume, processing may take up to two business days after receipt.

If you are not positive that the death occurred in the city limits of Findlay, please call ahead to verify that it is on file in this office.

Mail your request to: **Findlay City Health Department, Vital Statistics Division, 1644 Tiffin Avenue, Suite A, Findlay, Ohio 45840.**

**You may contact the health department's Vital Statistics Division - 419-424-7106 - to verify current fees and procedures for obtaining certificates.**