Seneca County General Health District

Application for Ohio Certified Death Record Copies

WALK-IN SERVICE **- (allow 15 minutes):**
8:00 am – 4:00 pm, Mon-Fri

ORDER ONLINE**:** senecahealthdept.org
Vital Statistics then Order Online link

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO AND SELF ADDRESSED STAMPED ENVELOPE:
Seneca County General Health District
92 E Perry Street
Tiffin Ohio 44883
419-447-3691 Ext.6300

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 Birth:	Date of Death:	City and County Where the Death Occurred:	
◉ Mother ○ Father ○ Parent	Name Before First Marriage:	○ Mother ◉ Father ○ Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Seneca County General Health District)	
DEATH:	
❒ No, I do not need the Social Security Number included. ❒ 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 requestors.*	Number of Death Record Copies: _____ x $25.00 = $_____
FETAL DEATH OR STILLBIRTH:	
	Number of Fetal Death Record Copies: _____ x $25.00 =$_____
TOTAL AMOUNT DUE: **Make check/money order payable to Seneca County General Health District**	$_____

***Authorized requestors:** Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affair's 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.*HEA 2701 (Rev. 01/2025)

Office use only:	**Date:**
Certificate No.	**Receipt #**
Method of Payment:	**SCGHD Initials:**