



310 S. Main St. • Bellefontaine, OH 43311  
PH: 937.592.9040 • FX: 937.592.6746

*Application for certified copy of **DEATH CERTIFICATE***

**SPECIFY NUMBER REQUESTED:** \_\_\_\_\_ *Quantity @ \$17.00 each*

*Name of Person (need name at death)* \_\_\_\_\_

*Date of Death* \_\_\_\_\_ *Township (if known)* \_\_\_\_\_

*Applicant's Signature* \_\_\_\_\_ *Daytime Phone#* \_\_\_\_\_

*Return Address (where we are to send certificate):* \_\_\_\_\_

\_\_\_\_\_

*Mail your request to:*

***Vital Statistics Registrar***

***Logan County Health District.***

***310 South Main Street***

***Bellefontaine OH 43311***