

Date _____

Receipt # _____

Audit # G _____

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Date Issued _____

Issued By _____

BUTLER COUNTY HEALTH DEPARTMENT
301 S. Third Street · Hamilton, Ohio 45011
(513) 887-5230

**APPLICATION FOR
CERTIFIED COPY OF DEATH CERTIFICATE**

****There is a statutory fee of \$25 (per copy) for certified copies of Death Certificates**
MONEY ORDERS & CASH ONLY (No personal checks)**

Name of Deceased _____

Date of Death _____ Date of Birth _____

Place of Death _____

If the person died within the last 5 years, you are required to submit ID in order to have the death certificate include the social security number.

Relationship to the Deceased	Accepted proof of Relationship
<input type="checkbox"/> Spouse or legal partner <input type="checkbox"/> Lineal Descendant (child, grand child or great grand child) <input type="checkbox"/> Licensed funeral director or agent <input type="checkbox"/> Federal/state/local government official <input type="checkbox"/> Press or media <input type="checkbox"/> Executor or administrator of the estate or an agent <input type="checkbox"/> Agent with power of attorney <input type="checkbox"/> Private investigator <input type="checkbox"/> Other: _____	<input type="checkbox"/> Current state issued photo identification plus one of the following (lineal descendants only) <input type="checkbox"/> Marriage license <input type="checkbox"/> Birth certificate or birth certification <input type="checkbox"/> Income tax return (1040) <input type="checkbox"/> Bank account documentation (joint) <input type="checkbox"/> Will or legal documentation <input type="checkbox"/> Medical or life insurance policy <input type="checkbox"/> Notarized affidavit of relationship <input type="checkbox"/> Employee identification badge <input type="checkbox"/> Written agency request on letterhead <input type="checkbox"/> Written authorization executed by the decedent <input type="checkbox"/> Legal documentation issued by a US Court <input type="checkbox"/> Other: _____

Applicant (Your Name) _____

Address _____

Phone Number _____ Work Phone Number _____

Number of copies: _____ Applicant Signature: _____

* Amended Substitute Senate Bill Number 61 – Effective 10/15/2015*