

Date _____

Receipt # _____

Audit # G _____

G _____

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 Death Certificate _____

Date of Death _____ Place of Death _____

Applicant (Your Name) _____

Address _____

Phone Number _____ Work Phone Number _____

Number of copies: _____ **Applicant Signature:** _____