

The Fairfield Department of Health

Application for Death Certificate

Name as shown of the death certificate:

First

Middle

Last

Date of Death: _____

Month / Day / Year

Name of Person requesting death certificate:

Address of Person requesting death certificate:

City & State: _____

Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Applicant:

Number of certified copies requested: _____

Make checks payable to: **The Fairfield Department of Health**

Please send application with payment (Check or Money Order) to:

The Fairfield Department of Health, 1587 Granville Pike, Lancaster, Ohio 43130

Phone: (740) 652-2836 or (740) 652-2837