

City of Parma - Office of Vital Statistics

6611 Ridge Road - Parma, Ohio 44129
Phone: 440-885-8816 - Fax: 440-866-0110
vitalstats@cityofparma-oh.gov

APPLICATION FOR CERTIFIED DEATH RECORDS \$25.00 per Certificate

Deceased's Full Name:	Date of Death:
DO YOU REQUIRE THE SOCIAL SECURITY NUMBER TO APPEAR ON THE DEATH CERTIFICATE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, WHAT IS YOUR RELATIONSHIP TO THE DECEASED? *** (PERSUANT TO Ohio Revised Code 3705.23 - Additional Identification will be required.)	

In order to process your request the following information **MUST** be completed. The information below pertains to the person requesting the certificate.

APPLICANT INFORMATION: (please print clearly)

Applicant's Name: _____ Phone Number: _____

Address: _____ City/State: _____ Zip: _____

Signature of Applicant: _____

Number of copies requested: _____ Method of Payment: Cash Visa/MasterCard Check/Money Order
Discover

★ An *Ohio* driver's license is required when writing a personal check. **ESTATE CHECKS WILL NOT BE ACCEPTED - NO EXCEPTIONS.** The address on your license must match the address on your check. A driver's license is required when using a credit/debit card.

↓ **FOR VITAL STATISTICS OFFICE USE ONLY - DO NOT WRITE BELOW THE LINE** ↓

Certificate File # _____

Issued By: _____ Issue Date: _____

Receipt # _____ Credit Card Authorization # _____

Security Code Issued: _____

Affidavit/Supplement Security Code Issued: _____