

**Shelby City Health Department
Vital Statistics
43 W. Main St.
Shelby, Ohio 44875
1-419-342-5226**

Walk-in Service

8:00AM-4:30PM, Mon-Fri, closed Holidays
City of Shelby
43 West Main St.
Shelby, Ohio 44875

Mail in Order

Send completed application with required fee to:
City of Shelby
43 West Main St.
Shelby, Ohio 44875

Today's Date

SS# Redacted in Accordance with ORC 3705.23

Application for Certified Copy of Death Record - \$25.00 Each

Print clearly information about person whose death certificate is requested:

Name on Certificate _____
First _____ Middle _____ Last _____

Date of Death _____
Month _____ Day _____ Year _____

Place of Death _____
County _____ City _____ State _____

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NAME AND ADDRESS: (please write clearly)

Your Name _____

Address: _____

City, State and Zip: _____

Telephone Number: _____

Signature: _____

Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.

Number of copies requested _____ x (\$25.00) each = \$ _____

Burial Permit _____ x (\$3.00) each = \$ _____

**Checks/Money Orders
payable to the City of Shelby**

Office Use Only- Do not write in space below

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Receipt #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #