

WAYNE COUNTY HEALTH DEPT.

Application for Ohio Certified Death Record Copies



Please ensure all pertinent information is included with your request, including the decedent's full legal name, date of death, and city or county where the death occurred. **We search and provide Ohio death records from present date and previous 50 years only. We search Wayne County Deaths from 1908 until present.**

MAIL COMPLETED APPLICATION WITH REQUIRED FEE

TO:

Wayne County Health Department
 Vital Statistics
 244 W. South St.
 Wooster, OH 44691
 330-264-9590

- Death Certificate**
 \$27 per certified copy in person
add a one-time \$2 processing fee if mailing
- Fetal Death Certificate**
 \$27 per certified copy in person
add a one-time \$2 processing fee if mailing

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

| | | | |
|--------------------------------|--|--------------------------------|--|
| Applicant Name: | | Email: | |
| Street Address: | | Phone Number: | |
| City, State, & Zip: | | Signature of Applicant: | |

RECORD INFORMATION (the person on the requested record)

Full Name (Decedents full name at time of death):

| | | | |
|--|--------------|--|--------------|
| Date of Death: | | City and County Where the Death Occurred: | |
| <input type="radio"/> Mother <input type="radio"/> Father | Name: | <input type="radio"/> Mother <input type="radio"/> Father | Name: |

FEES (cash, credit card, or checks accepted. Please make checks / money orders payable to the Wayne County Health Dept.)

DEATH:

| | |
|--|---------------------------------------|
| <input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.) <i>*See below for authorized requestors.</i> | Number of Death Record Copies: |
| | _____ x \$27 = \$_____ |

FETAL DEATH:

| | |
|--|---|
| Did the stillbirth event occur at 20 weeks or less gestation? <i>(This information will help us determine how the record has been filed.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Fetal Death Record Copies: |
| | _____ x \$27 \$_____ |

| | |
|--|-----------------|
| TOTAL AMOUNT DUE: Make in-state only check or money order payable to Wayne County Health Department (There is a \$30 fee for returned checks) | \$ _____ |
|--|-----------------|

\$2 fee for mail orders

**Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.*