SALEM CITY HEALTH DISTRICT – OFFICE OF VITAL STATISTICS
APPLICATION FOR CERTIFIED DEATH COPIES

Walk-In Service
9:00 – 4:00 Mon-Fri (hrs subject to change)
Closed from 1:00 – 1:30 (lunch)

Salem City Health District
230 N. Lincoln Ave., Suite 104
Salem, OH 44460-2950
(330) 332-1618

Mail-In Order
Send completed application with required fee to:

Salem City Health District
230 N. Lincoln Ave., Suite 104
Salem, OH 44460-2450
NO PERSONAL CHECKS
Include a self-addressed, stamped envelope (SASE)

DECEDENTS INFORMATION (information about person whose vital record is being requested)

FULL NAME ____

DATE OF DEATH ____

PLACE OF DEATH ____

CHARGES:
Total Number of Copies _____________ X $27.00 = $ __________
Burial or Cremation Permit ___________ X $ 3.00 = $ __________

TOTAL CHARGE FOR ORDER $ __________

SIGNATURE OF APPLICANT
(person completing this application) ____________________________________

PHONE NUMBER ____

APPLICANT NAME (Please print) ____

STREET ADDRESS ____

CITY, STATE & ZIP CODE ____

* *

OFFICE USE ONLY:

DATE ___________________ AUDIT NO. ______________________________

PMT: CASH ______ CK. ______ CK NO. ___________ CR. CARD ____________________

RECEIEPT NO. _________________________ DR. LIC. NO. ____________________________

ODH