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)

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)

DECEDEENTS 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 ________________________________________________________________

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OFFICE USE ONLY:

DATE ____________________ AUDIT NO. ________________________________

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

RECEIPT NO. ____________________ DR. LIC. NO. ____________________________