



Please Enclose a Business Size Self-Addressed **STAMPED** Return Envelope

C of C 80-337

CITY OF CLEVELAND
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
601 LAKESIDE AVENUE Room 122
CLEVELAND, OHIO 44114-1085

REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

Name of Deceased: _____ Date of Death: _____

Place of Death: _____ Certificate No.: _____
City County

Number of Copies: _____ Cost: _____

Date Ordered: _____ Ordered By: _____
Print/Type Requester Name Signature of Requester

Date Issued: _____ Remarks: _____

MAIL TO ADDRESS BELOW _____ HOLD FOR PICK-UP _____ ISSUE OVER COUNTER _____

Name: _____ Phone: _____

Address: _____

City and State: _____ Zip: _____