GCCHD
Greene County Combined Health District
360 Wilson Drive
Xenia, Ohio 45385
937-374-5600 / 1-866-858-3588

VITAL STATISTICS DIVISION
APPLICATION FOR CERTIFIED DEATH CERTIFICATE

$24.00 per copy

Full Name of Deceased _____

Date of Death _____

Number of Copies _____ Place of Death _____

Applicant's Signature _____

Applicant's Name Printed _____

Address (current) _____

_____
City State Zip

Burial cremation permit: ☐ Yes ☐ No

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Date _____ Receipt # _____ Amount $ _____

Pick-up/Mail _____ Clerk Issuing _____

Vol # _____ Page # _____