



# DEATH CERTIFICATE APPLICATION

Youngstown Health Department

FOR VITALCHEK USE ONLY

Order # \_\_\_\_\_

## STEP 1: CERTIFICATE INFORMATION

<b>Decedent's Name</b>			
first name	middle name	last name	suffix
<b>Date of Death (MM/DD/YYYY)</b>		<b>Place of Death (city)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
			<b>Reason for Request:</b>

## STEP 2: APPLICANT INFORMATION

<b>Name of Applicant</b>			
first name	middle name	last name	suffix
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Your Relationship to Person Named on Certificate:</b>		<b>E-mail Address</b>	<b>Daytime Phone</b>
<b>Signature of Applicant</b>			<b>Date of Application</b>

Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.

## STEP 3: COST

<b>Number of Copies (max 3 copies):</b>			
	<b>Qty.</b>	<b>Price</b>	<b>Total</b>
First Copy	1	\$23.00	\$23.00
Additional Copies		X \$23.00	
<b>Delivery Method (select one):</b> <i>Processing time may take 7-10 business days then the order is shipped.</i>			
UPS Next Day Air		\$19.00	
UPS 2nd Day Air		\$16.50	
UPS Alaska, Hawaii, Puerto Rico		\$25.50	
UPS Canada / Mexico		\$26.50	
UPS Worldwide Expedite		\$37.00	
Regular Mail		\$0.00	
<b>Processing &amp; Handling:</b>			
VitalChek Processing Fee		\$5.00	\$5.00
<b>Total Amount Due:</b>			

## STEP 4: PAYMENT INFORMATION

<b>Select Payment Type:</b>	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order
<b>Credit Card Information:</b>	
Credit Card Number	Expiration Date
_____	_____
Cardholder's Signature	Date
_____	_____
<b>DO NOT SEND CASH. If paying by check or money order, make payable to VITALCHEK.</b>	

Please do not include a pre-paid express mail envelope with your request. This will cause a delay in delivery. You must select a delivery method from the box above.

## STEP 5: SUBMIT COMPLETED FORM

**Option 1:** Mail to VitalChek, P.O. Box 222130, El Paso, TX 79913    **Option 2 (credit card payments only):** Fax to 888-985-2554