



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: \_\_\_\_\_