

**MORGAN COUNTY HEALTH DEPARTMENT  
DEPARTMENT OF VITAL STATISTICS  
4275 N ST. RT. 376 NW  
McCONNELSVILLE, OHIO 43756  
Ph# 740-962-4572 Fax# 740-962-3271  
APPLICATION FOR CERTIFIED DEATH COPIES**

**Fee:**  
**Death Certified - \$23.00**

**To be printed below information about requested death certificate.**

<b>first name</b>	<b>middle</b>	<b>last</b>
County of death	city, village or township	date of death
		/ /

<b>(Parents name)</b> mother's first	mother's (maiden name)
father's first	father's last name

Certified copies requested \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_  check  money order  cash

Your present address	state	zip code

Has any corrections/changes been made to this death certificate?  yes  no

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ph #(\_\_\_\_) \_\_\_\_\_