

Enclose a Business size Self-Addressed Stamped Envelope

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

C of C 60-337

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 Business/Individual 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 _____