



"Striving Toward a Healthier Community."

Stark County Health Department
 7235 Whipple Ave., NW, Suite B
 North Canton, OH 44720
 Ph: (330)493.9904 Web: www.starkhealth.org

Death Certificate and Burial Permit Application

PICK-UP or DELIVER		PAYMENT METHOD		IF PICK-UP , please allow two (2) hours to process	
Pick-up at Health Department		Pay at Pick-up	Mailing Check and Form to Address Above	Date of Pick-up	
US Mail (<i>Certs. with SSN, see note #3 below</i>)		Pay Online		Estimated Time	

ITEMS REQUESTED

Full Name at Death	Date of Death	Place of Death (Township/City)	Nursing Home or Hospital (If applicable)	Number of Death Certificates Requested	Cost for Death Certs. (# times \$25 per copy)	Burial Permit Needed? ADD: \$3 - yes \$0 - no	Subtotal
TOTAL FOR DEATH CERTIFICATES AND BURIAL PERMITS							

PLEASE NOTE: 1.) ONCE COPIES ARE ORDERED, APPLICANT MUST PAY FOR EACH COPY PREPARED
 2.) IF BURIAL PERMITS ARE NEEDED, ATTACHED ALL NECESSARY DOCUMENTS
 3.) IF REQUESTED WITHIN THE FIRST FIVE YEARS OF DEATH, DEATH CERTIFICATES WITH SSN MUST INCLUDE PROOF OF REQUESTOR'S IDENTIFICATION.

I am requesting a copy with the SSN included because I am: OR I do not need a copy with the SSN.

- The deceased's spouse or lineal descendant
- The deceased's executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- An accredited member of the media
- A veteran's service officer

A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family

When requesting the SSN, you must present a copy of your identification showing you are an authorized requestor.

APPLICANT INFORMATION (Information about the person requesting the record)

Applicant Name: _____ Email: _____

Address: _____

Phone Number: _____ Signature: _____

IF NOT REQUESTING BY MAIL, RETURN THIS FORM TO: birthanddeath@starkhealth.org

FOR OFFICE USE ONLY:

Date:	Check Number:	Staff Name/Initials:
	Credit:	
Audit Number:	Cash:	