

TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT
DEATH APPLICATION

635 North Erie Street, Toledo, Ohio 43604

NO. OF COPIES _____

Paper I.D. Number _____

\$20.00 Each Certified Copy

REG NUMBER _____ ROLL _____ FRAME _____ CHANGES _____

(Please leave blank)

NAME ON RECORD _____

DATE OF DEATH _____ PLACE OF DEATH _____

Pick Up

Mail

Signature of Person
Completing this
Application _____

Date _____

Funeral Home _____

Address _____ City _____

State _____ Zip Code _____ Phone No. _____