DEATH CERTIFICATE WALK-IN OR MAIL APPLICATION FORM

FOR FRANKLIN COUNTY DEATHS ONLY

Instructions:

- 1. Complete the form below for each certificate request.
- 2. Take completed form to Cashier window and pay \$25 for each certificate copy request (cash, check, credit cards, and debit cards are accepted).
- 3. Bring payment receipt and application to the Drop Off

For VS office use only:
Reg#:
Microfilm date:
Aff/Supp MF date:
Type of Identification:

window to complete your reques	t.	,	71							
Note: Due to storage on microfilm so	me certifica	te requests may	take lor	nger to	proce	ss.				
Number of Certificates Ro	opies that y [ou are request	Othe							
How & When Do You War Check the box next to how you wo Same day service Information on Certificate	ould like to i lext day pic	receive your ce k-up	ertificate	es:		ut				
First Name	Middle Name				Last Name on Certificate					
Place of death FRANKLIN COUNTY ONLY	City, Village, or Township where deceased			Date of Death / / Month Day Year						
Funeral home who handled arrangem	ents		1							
Your signature	Current Date		Phone #							
		/	/ 20		()	-	•		
Your Information (person	requesti	ng certificat	te)							
Name:										
Address:										
City:	State: _		Zip Code:							

Relationship to Person Who Died: _