

Walk-in or Mail APPLICATION FOR DEATH CERTIFICATE (FRANKLIN COUNTY DEATHS ONLY)

of death certificates REQUESTED - \$25 each

_____ SAME DAY SERVICE

_____ NEXT DAY PICKUP


_____ NEXT DAY MAILOUT

For VS office use only:
Reg# _____
Microfilm date: _____
Aff/Supp MF Date: _____

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 arrangements		
Your signature:	Current Date: / / 20	Phone #: ()

Your name:
Your address:
Your City/State/Zip:

This section **MUST** be completed for **ALL** requests



PLEASE MAKE CHECKS PAYABLE TO: COLUMBUS CITY TREASURER