



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

of death certificates REQUESTED - \$25 each

For VS office use only:

Reg# _____

Microfilm date: _____


Aff/Supp MF Date: _____

SAME DAY SERVICE HOURS 8:00A.M – 12P.M DAILY. WALK-IN REQUESTS RECEIVED AFTER 12:00 P.M. WILL BE PROCESSED THE NEXT BUSINESS DAY. NO EXCEPTIONS PLEASE

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