



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: _____

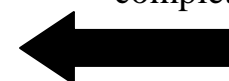
SAME DAY SERVICE HOURS 10AM – 2PM DAILY. WALK-IN REQUESTS RECEIVED BEFORE 10:00 A.M. AND AFTER 2:00 P.M. WILL BE PROCESSED THE NEXT BUSINESS DAY. NO EXCEPTIONS PLEASE

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 #: ()

Revised 10/16/09

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

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



PLEASE MAKE CHECKS PAYABLE TO: COLUMBUS CITY TREASURER