

**MEDINA COUNTY HEALTH DEPARTMENT – VITAL STATISTICS  
APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

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**TODAY'S DATE** \_\_\_\_\_ **NUMBER OF COPIES** \_\_\_\_\_ (**\$22.00 each**)

**BURIAL PERMIT** (Funeral Home Use Only)       **VA COPY** (Funeral Home Use Only)

**FULL NAME** \_\_\_\_\_

**LOCATION/HOSPITAL** \_\_\_\_\_ **DATE OF DEATH** \_\_\_\_\_

**Signature** of person making request \_\_\_\_\_

**Printed name** of person making request \_\_\_\_\_

Address of person making request \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

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