

**APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE**  
**Kent City and all of Portage County (except Ravenna)**

NUMBER OF CERTIFIED COPIES \_\_\_\_\_ x \$22.00

**DEATH CERTIFICATE INFORMATION:**

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

PLACE OF DEATH: \_\_\_\_\_  
(City, Township, or Village)

DATE OF DEATH: \_\_\_\_\_

**APPLICANTS INFORMATION:**

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

CURRENT ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number)

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO / RETURN THIS FORM TO:**

KENT CITY HEALTH DEPARTMENT  
325 S. DEPEYSTER STREET  
KENT, OHIO 44240