

Jackson County Health Department  
200 East Main Street  
Jackson, Ohio 45640  
(740) 286-5094

**Request for a Certified Death Certificate**

**The Fee For A Certified Certificate Is \$15.00 Each, And We  
Do Not Accept Out Of County Checks.**

**Please Print**

**Name of Deceased:** \_\_\_\_\_  
(Person Whose Record Is Being Requested)

**Date of Death:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**For Office Use Only**

**Number of Copies** \_\_\_\_\_ **Date Issued** \_\_\_\_\_