

**DEATH CERTIFICATE APPLICATION**

**Mail to:**

CITY OF STEUBENVILLE HEALTH DEPARTMENT  
119 South Third Street (use for FedEx or Overnight mail)  
P.O. Box 1427 (use for regular mail)  
Steubenville, OH 43952

**1-740-283-6000 ext. 1503 or 1504 or 1505**

**(Mail in applications are processed and mailed back the same day received)**

NO PERSONAL CHECKS

TODAYS DATE \_\_\_\_\_

City of Steubenville Records ONLY

\_\_\_\_\_ Number of Certified Copies (25.00 each)      Legal Document \$ \_\_\_\_\_

**NO UNCERTIFIED COPIES ISSUED**

Name on Death Certificate \_\_\_\_\_

Date of death \_\_\_\_\_

**APPLICANTS INFORMATION:**

Print your name \_\_\_\_\_

Sign your name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Phone Number \_\_\_\_\_

**Enclose a stamped, self-addressed business (4 1/8 x 9 1/2) size envelope.**  
Money order or certified bank check made out to: Steubenville Health Department  
**(No credit or debit cards accepted)**  
(Do not write below this line)

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Registrar's Number \_\_\_\_\_ Audit Number \_\_\_\_\_