

**City of Piqua Department of Health
APPLICATION FOR DEATH CERTIFICATE**

Number of copies requested _____

**Cost: \$22.00 Each
CASH, CHECK, MO**

Name on Certificate _____

Date of Death _____

Your name _____

Your signature _____

Your current address _____

City, State, Zip code _____

Phone _____

Date _____

Relationship to the Decedent
<i>*To obtain a copy with Decedent's Social Security Number, one of the following must be verified:</i>
<input type="checkbox"/> Spouse or legal partner
<input type="checkbox"/> Natural or adopted child
<input type="checkbox"/> Natural or adopted grandchild or great-grandchild
<input type="checkbox"/> Licensed funeral director or agent
<input type="checkbox"/> Federal/State/local government official
<input type="checkbox"/> Press or media
<input type="checkbox"/> Executor or administrator of the estate or an agent of the estate
<input type="checkbox"/> Agent with power of attorney
<input type="checkbox"/> Private investigator
<input type="checkbox"/> Other: _____

Cash _____ or Check _____

Certificate number _____