

TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT  
DEATH APPLICATION

635 North Erie Street, Toledo, Ohio 43604

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REG NUMBER \_\_\_\_\_ ROLL \_\_\_\_\_ FRAME \_\_\_\_\_ CHANGES \_\_\_\_\_

(Please leave blank)

NAME ON RECORD \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_

Pick Up

Mail

Signature of Person  
Completing this  
Application \_\_\_\_\_ Date \_\_\_\_\_

Funeral Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_