



310 S. Main St. • Bellefontaine, OH 43311
PH: 937.592.9040 • FX: 937.592.6746

CERTIFIED DEATH CERTIFICATE REQUEST

NUMBER REQUESTED _____ @ \$22.00 each

Name of Deceased: _____

Date of Death _____

Return Address (where we are to send the certificates) _____

Signature _____ Date _____

Phone _____

**Mail request and check or money order to:
Vital Statistics Registrar
Logan County Health District
310 S. Main St.
Bellefontaine, OH 43311**

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