

OFFICE OF VITAL RECORDS

## APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date:		Number of Copies Requested:				
				Enclose \$15.00	for Each Copy	
Full Name of Deceased:						
First			Middle		Last Name	
Date of Death:			Sex:	Male or Female	Age at Death:	
Month	Day	Year	_ •••…			
Place of Death:						
City			Count	ty	State	
Name of Funeral Home:						
Location of Funeral Home:						
	City		County		State	
Signature of Person Making	Request:					
Relationship to the Decease	:d:					
Purpose of Copy:						
-	-	-	-		ey or agency acting on behalf of th e applicable, should also be submit	
Do You Want the Certificate	e to Show Caເ	use of Death	ו?	YES	)	
Telephone Number Where N	You may be R	eached for	Additio	nal Information:	()	
IT IS UNLAWFUL TO	) WILLFULLY A	ND KNOWIN	GLY MAK	E ANY FALSE STAT	EMENT ON THIS APPLICATION.	
	* Go	overnment Iss	ued ID Re	quired With Signatur	2	
certificate is not found with the date indicated; this search is routine and i	of death you prosincluded in the application is not	ovide, a searcl \$15.00 fee. D <b>otarized, you i</b>	n will be m o not seno <b>nust send</b>	ade in the records fo d cash. Send a check o <u>a <b>photocopy of a go</b>u</u>	e copy if the record is filed in this office. If the year before and the year after the or money order made payable to Metro vernment issued ID showing your signation 512.	date Public
PRINT name and address of pe						
					Send to:	
Name					ro Public Health Department Records Section	
Address					) Charlotte Avenue nville, TN 37209	
City Sta	te	Zip	Code			