

# PARMA VITAL STATISTICS

6611 Ridge Road Parma, Ohio 44129

440-885-8816

PRINT INFORMATION AS IT SHOULD APPEAR ON THE DEATH CERTIFICATE		
<b>Name of Deceased</b> First:	Middle:	Last:
<b>Date of Death</b> (month/day/year):		
<b>Place of Death City:</b> PARMA ONLY		State: OHIO

**Is the social security number requested on the certificate?** \_\_\_\_\_

\*As of October 15, 2015, for the first five years after the date of death the social security number of the deceased will not be included on the death certificate without submitting satisfactory identification.

<b>For Funeral Homes:</b> Permit _____ Supplement _____ Affidavit _____ VA _____ Reorder _____
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\_\_\_\_\_  
Name of Person Making Request (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City, State, Zip

Number of copies (\$25.00 per copy) \_\_\_\_\_

\_\_\_\_\_ **Below this line is for staff use only** \_\_\_\_\_

Date \_\_\_\_\_ Receipt# \_\_\_\_\_ CC Approval# \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Security Code Issued \_\_\_\_\_

Affidavit/Supplement/VA Code Issued \_\_\_\_\_