

# Request for Death Certificate

Requesting Facility/Unit \_\_\_\_\_ Date \_\_\_\_\_

The following information is submitted in order to obtain a death certificate for:

\_\_\_\_\_, \_\_\_\_\_  
Name ODOC Number

Full Name: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Date of Death: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address (If Possible): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DOC 060212A  
(R 11/21)