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|--|-------|--|--------|--|-------|---|---|
| APPLICATION FOR TRUE COPY OF CERTIFICATE OF DEATH | | Metropolitan Health Department for Nashville Davidson County | | | | | |
| | | Vital Records Section 2500 Charlotte Avenue Nashville, Tennessee 37209 | | | | | |
| DATE: | | PHONE: 615-340-5612 | | FAX: 615-340-2197 | | | |
| Request for permit for Cremation _____ at \$25.00 each | | | | | | Total: _____ | |
| Number of Copies Requested _____ at \$15.00 each | | | | | | VA'S COPIES _____ Amount Enclosed: \$ _____ | |
| Name of Deceased First _____ Middle _____ Last _____ | | | | | | TOTAL: _____ | |
| Date of Death | Month | Day | Year | Age | Race | Sex | Certificates are available in this office only for Deaths which have occurred since January 1, 1966 |
| Place of Death | City | | County | | State | | |
| | | | | | | With cause of death shown ? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Name of Hospital | | | | Name of Physician | | | |
| Name of Funeral Home | | | | | | | |
| Your Signature and | | Address | | No./Street | | City State Zip Code | |
| Relationship to Deceased | | Purpose of Copy | | For Office Use Only | | | |
| | | | | <input type="checkbox"/> PICKED UP: _____ <input type="checkbox"/> MAILED: _____ | | | |
| PRINT name and address of person to whom the true copy is to be mailed if different from above address. | | | | | | | |
| Name | | | | | | | |
| Address | | No./ Street | | City | | State Zip Code | |
| Charge to my: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | | | | | | | |
| - - - | | | | | | | |
| Account Number | | Expiration Date | | V# ON BACK OF CARD | | Signature | |
| A VALID COPY OF YOUR I.D. IS REQUIRED | | | | | | | |
| 202-06-003(Rev. 11/02) | | | | | | | |