APPLICATION FOR TRUE COPY OF CERTIFICATE OF DEATH	Metropolitan Health Department for Nashville Davidson County
DATE:	Vital Records Section 2500 Charlotte Avenue PHONE: 615-340-5612 Nashville, Tennessee 37209 FAX: 615-340-8565

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 ? ☐ YES ☐ 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** ☐ PICKED UP:_____ ☐ 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: ☐ VISA ☐ 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)