



**Kent Health Department**  
**Office of Vital Statistics**  
**Certificate of Death Social Security Number**  
**Listing of Satisfactory Proof of Relationship**

ORC 3705.23(5): For the first five years after a decedent's death, a decedent's social security number shall not be included on a certified copy of the decedent's death certificate unless that information is specifically requested to be on the certified copy by one of the following who presents proof satisfactory to the director, state registrar, or local registrar of the person's identity:

Relationship to the Decedent	Acceptable/Satisfactory Proof of Relationship
<ul style="list-style-type: none"> <li>• Spouse or legal partner</li> <li>• Natural or adopted child</li> <li>• Natural or adopted grandchild</li> <li>• Natural or adopted great-grandchild</li> <li>• Genealogy researcher (lineal descendants only. Does not include collateral descendants – i.e., parent, sibling, grandparent, aunt, uncle, cousin, etc.).</li> </ul>	<p>Current state issued photo identification plus one of the following:</p> <ul style="list-style-type: none"> <li>• Marriage license of spouse or legal partner</li> <li>• Decedent’s Certificate of Death designating the name of the surviving spouse</li> <li>• *<sup>1</sup> Birth certificate of the natural or adopted child listing the decedent as the parent (<b>see note below</b>)</li> <li>• Most recent Income tax Return (1040)</li> <li>• Joint banking/financial account documentation</li> <li>• A Will or any legal document issued through a US court of law that verifies ancestry</li> <li>• Medical or life insurance policy listing relationship to the decedent</li> <li>• Baptismal record listing lineal decedent’s</li> <li>• Notarized affidavit of relationship</li> </ul>
<ul style="list-style-type: none"> <li>• Veteran’s Administration officer or official</li> <li>• Local, state or federal law enforcement official or agency</li> <li>• Funeral director or an authorize representative</li> <li>• Journalist or media organization representative</li> <li>• Executor or administrator of the decedent’s estate</li> <li>• Attorney representing the executor or administrator</li> <li>• Agent with power of attorney</li> <li>• Adult representative or successor with written authorization executed by the decedent</li> <li>• Any person authorized by law to act on behalf of the decedent or the decedent’s estate</li> </ul>	<ul style="list-style-type: none"> <li>• Employee identification badge</li> <li>• A written request on agency letterhead signed by an official requesting the visibility of the social security number on the certified death certificate copy</li> <li>• Written authorization executed by the decedent that permits the representative to act on his/her behalf</li> <li>• Any legal document issued through a US court of law authorizing any person to act on behalf of the decedent or the decedent’s estate</li> </ul>

**Note:** \*1: Staff may utilize the IPHIS/EDRS database to verify the identity of Ohio birth record information provided proper photo identification is provided.

- Customer requests made by mail will require acceptable/satisfactory proof of relationship before the social security number will be made viewable on the death certificate. Proof of relationship can be submitted by mail, fax or email. Phone verification requests will not be permitted.
- Requests for plain paper copy of a death certificate received from a local, state or federal government agency for use in official government business will be issued upon receipt of a written request for a “For Governmental Use Only” certificate copy submitted on agency letterhead signed by an official requesting the visibility of the social security number on the death certificate copy.



**KENT HEALTH DEPARTMENT  
OFFICE OF VITAL STATISTICS**

**PROOF OF RELATIONSHIP VERIFICATION ADDENDUM**

I \_\_\_\_\_ am hereby requesting that the social security number appear on the death certificate for \_\_\_\_\_ whose death occurred on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in Portage County Ohio.

\_\_\_\_\_  
(Signature of Requestor) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)

***For Official Use Only***

Local Registrar/SFN No.	Security Paper No.	Verified By
Relationship to the Decedent		Proof of Relationship Used
<input type="checkbox"/> Spouse or legal partner <input type="checkbox"/> Natural or adopted child <input type="checkbox"/> Natural or adopted grandchild or great-grandchild <input type="checkbox"/> Licensed funeral director or agent <input type="checkbox"/> Federal/state/local government official <input type="checkbox"/> Press or media <input type="checkbox"/> Executor or administrator of the estate or an agent <input type="checkbox"/> Agent with power of attorney <input type="checkbox"/> Private investigator <input type="checkbox"/> Other: _____		<input type="checkbox"/> Current state issued photo identification plus one of the following (lineal descendants only) <input type="checkbox"/> Marriage license <input type="checkbox"/> Decedent's Certificate of Death designating the name of the surviving spouse <input type="checkbox"/> Birth certificate or birth certification <input type="checkbox"/> Income tax return (1040) <input type="checkbox"/> Bank account documentation (joint) <input type="checkbox"/> Will or legal documentation <input type="checkbox"/> Medical or life insurance policy <input type="checkbox"/> Baptismal record <input type="checkbox"/> Notarized affidavit of relationship <input type="checkbox"/> Employee identification badge <input type="checkbox"/> Written agency request on letterhead <input type="checkbox"/> Written authorization executed by the decedent <input type="checkbox"/> Legal documentation issued by a US Court <input type="checkbox"/> Other: _____