

Bureau of Vital Statistics

Application for Ohio Certified Birth and Death Record Copies



Please include the following important information. For **birth** records, include the applicant's full name, date of birth, and mother's name prior to first marriage. For **death** records, please include the decedent's full name, date of event, and the city and county where the event occurred.

MAIL COMPLETED APPLICATIONS TO:
Athens City-County Health Department
278 W Union Street
Athens, OH 45701

CHECK ONE OF THE FOLLOWING:

- ☐ Birth Certificate (\$22.00 per certified copy)
☐ Death Certificate (\$22.00 per certified copy)

PRINT

CLEAR

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)

Full Name:

Record the child's full name as shown on original birth record.

Record the decedent's full name at the time of death.

Name Change:

Name if it has changed since birth.

Date of Birth:

Date of Death:

City and county where the event occurred:

- ☐ Mother
☐ Father
☐ Parent

Name before first marriage:

- ☐ Mother
☐ Father
☐ Parent

Name before first marriage:

FEES (cash, debit cards, credit cards, and money orders accepted; no personal checks)

BIRTH

Please indicate the reason for requesting this record:

- ☐ Driver's License
☐ Passport
☐ Work Permit
☐ School
☐ Other _____
- ☐ Dual Citizenship
☐ Genealogy
☐ International Legal Business

Number of birth record copies:

_____ x \$22.00 = \$ _____

DEATH

☐ No, I do not need the Social Security Number (SSN) included.

☐ Yes, I request a copy with the Social Security Number (SSN) included. (If yes, and the death occurred within the last 5 years of today's date, you must attach a copy of your identification showing you are an authorized requestor*.)

Number of death record copies:

_____ x \$22.00 = \$ _____

FETAL DEATH OR STILLBIRTH

Did the stillbirth event occur at 20 weeks or less gestation?

(This will help us determine how the record has been filed.)

☐ Yes ☐ No

Number of fetal death record copies:

_____ x \$22.00 = \$ _____

TOTAL AMOUNT DUE:

Money orders are payable to "Athens City-County Health Department".

\$

*Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs' officer, or local, state, or federal law enforcement official or agency, funeral director or authorized representative, executive or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.

OFFICE USE ONLY

Date:	Audit#:	Receipt #:	Payment Type: ☐ Cash ☐ Check ☐ Card ☐ Money Order	Initials:
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