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| Ck [insert your logo here] |

**[Your Health District Name]**

**Vital Statistics**

**Records Request Instructions**

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| **Notice to All Vital Statistics Customers:** | Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead. |

**Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908 and an index of all death records filed in Ohio after January 1, 1964. This Vital Statistics office also maintains copies of death records filed [insert your dates]. For requests of recent vital events, please note it can take up to three months for a record to be registered.

**Who Can Order A Record:**

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

**Placing An Order:**

**For the fastest response, we recommend placing your order in person. See our website at [insert local website], or** [**www.odh.ohio.gov/vs**](http://www.odh.ohio.gov/vs) **or call our customer service team at (614) 466-2531 for detailed instructions and further explanation of these options.**

**Please complete one application form for each record or search requested.** **Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed, rather than requesting a certified copy of the record.**

**Birth Certificates:**

Please complete the “Record Information” portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as “mother”, “father”, or “parent”, and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

**Death Certificates and Social Security Numbers:**

As of October 15, 2015, for the first five years after the date of death the social security number of the deceased will not be included on the death certificate unless the requestor is:

• The deceased’s spouse, or lineal descendant

• The deceased’s executor, attorney, or legal agent

• A representative of an investigative government agency

• A private investigator

• A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased’s family

• A veteran’s service officer

• An accredited member of the media

**Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included, and submit satisfactory identification to the registrar or clerk. [You can include a list of satisfactory documentation at this point].**

**Fees:**

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is [your fee].

**Ashtabula City Health Department □ Vital Statistics**

**APPLICATION FOR CERTIFIED COPIES**

**RECORD INFORMATION:** *(Information about the person on the requested record)*est: to the birth of antoher person, whether living or dead. ficate, record or report required by this

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| **PLEASE PRINT ALL INFORMATION!!!!** | **Has the name changed since birth?: YES NO** |

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| **Birth Certificate Requests:** | **PRINT** **FULL NAME AT BIRTH:** | | **DATE OF BIRTH:** | **Please indicate if you are requesting the certificate for:**  □ Dual Citizenship  □ Genealogy  □ Out of County Marriage □ International Legal Business  **Number of birth record copies:**  **\_\_\_\_\_\_ x $25.00 =**  **$\_\_\_\_\_\_\_\_\_\_\_** |
| **Select One:**  **□Mother**  **□Father**  **□Parent** | **PRINT Mother’s Full name before first marriage:** | |
| **Select One: □Mother**  **□Father**  **□Parent** | **PRINT Father’s Full name before first marriage:** | |
| **Death Certificate Requests:**  **Fetal Death Certificate requests should also complete this section** | **PRINT FULL NAME OF DECEASED:** | | **DATE OF DEATH:** | **Number of death/fetal death record copies:**  **\_\_\_\_\_\_ x $25.00 =**  **$\_\_\_\_\_\_\_\_\_\_\_** |
| **You MUST complete this section to obtain a copy of the death certificate with the Social Security Number included. You are: (choose one)**  □The deceased’s spouse, or lineal descendant  □ The deceased’s executor, attorney, or legal agent  □ A representative of an investigative government agency  □ A private investigator  □ A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased’s family  □ A veteran’s service officer  □ An accredited member of the media  **You must attach a copy of your identification showing you are an authorized requestor.** | | |
| **Total Amount Due:** | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**YOU MUST FILL OUT INFORMATION BELOW:** *(with your information)*

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

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| Applicant Name: |  | Relationship to above: |  |
| Street Address: |  | Phone Number: |  |
| City, State, & ZIP: |  | Signature of Applicant: |  |

**MAILING ADDRESS**

*Send application with required fee & self addressed stamped envelope to:*

**Ashtabula City Health Department**

**4717 Main Avenue**

**Ashtabula, OH 44004**

**For Office Use Only: LEAVE BLANK**

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| --- | --- |
| **\_\_\_Cash \_\_\_ Check**  **\_\_\_Credit Card** | **Date:** |
|  | **Audit # on certificate:** |