

# Application for Ohio Certified Birth/Death Certificate Copies



**\$27.00 per certified copy**

Cash, Cashier's Check or Money Order **\*\*NO PERSONAL CHECKS\*\***

Please make Cashier's Check/Money Orders payable to: Allen County Public Health

Credit/Debit Cards are accepted in-person only. A fee will be charged.

<b>PURCHASER'S INFORMATION</b> (the person requesting the certificate) Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.			
Purchaser's Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Purchaser's Signature:	

<b>CERTIFICATE INFORMATION</b> (the person on the birth/death certificate)			
Full Name on the certificate:		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:	<b>OR</b>	Date of Death:	City and County where the Birth/Death Occurred:
<input checked="" type="radio"/> Mother	Full Name with Maiden Name:	<input type="radio"/> Father	Full Name:

<b>FEES:</b>		
<b>BIRTH CERTIFICATE:</b>		
Please Indicate the Reason for Requesting this Birth Certificate:		Number of Birth Certificate Copies:
<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit <input type="checkbox"/> Travel	_____ x \$27.00 = \$ _____
<b>DEATH CERTIFICATE:</b>		
<input type="checkbox"/> <b>No</b> , I do not need the Social Security Number included. <input type="checkbox"/> <b>Yes</b> , I request a copy with the 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.) *See below for authorized requestors.		Number of Death Certificate Copies: _____ x \$27.00 = \$ _____

**\*Authorized requestors:** Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor 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.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Allen County Public Health  
 PO Box 1503  
 Lima OH 45802