



Ottawa County Health Department
 1856 E. Perry St., Port Clinton, OH 43452
 (419) 734-6800

APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION: *(Information about the person you are requesting the record for)*

| | | | | | |
|--|------------|-------------|--|---------------------------------|---------------------------------------|
| Full name on birth or death certificate: | | | If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.) | | |
| First | Middle | Maiden/Last | | | |
| Date of Birth: | | and/or | Date of Death: | | City and County where event occurred: |
| <input type="checkbox"/> Mother | Full First | Full Middle | Maiden or Last Name | <input type="checkbox"/> Mother | Full First |
| <input type="checkbox"/> Father | | | | <input type="checkbox"/> Father | Full Middle |
| <input type="checkbox"/> Parent | | | | <input type="checkbox"/> Parent | Maiden or Last Name |

PAYMENTS ACCEPTED – Cash, Check, Money Order, Credit Card, or E-Check

| | | |
|--------------------------|--|--|
| Birth: | If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business | Number of copies requested: _____ x \$22.00 = \$ _____ |
| Death: | All death certificates ON DEATHS THAT OCCURRED DURING THE PAST 5 YEARS will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors: <input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service office <input type="checkbox"/> An accredited member of the media You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license. | Number of copies requested: _____ x \$22.00 = \$ _____ |
| Fetal Death: | | Number of copies requested: _____ x \$22.00 = \$ _____ |
| Total Amount Due: | | \$ _____ |

PURCHASER'S INFORMATION: *(Information about 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.

| | | | |
|---------------------|--|------------------------|--|
| Purchaser's Name: | | Email: | |
| Street Address: | | Phone Number: | |
| City, State, & ZIP: | | Purchaser's Signature: | |

Send completed application with required fee to:
Ottawa County Health Department
 1856 E. Perry St., Port Clinton, OH 43452
 Email: vitals@ottawahealth.org

FOR OFFICE USE ONLY

| | |
|----------------------|-----------------|
| Date: | Receipt Number: |
| Security Paper Used: | Initials: |