

PLEASE
PRINT

\$25.00 EACH

of certificates requested _____

Name on Certificate _____

Birth Date _____ Death Date _____

Your Name: _____

Your Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Method of Payment: (check one) **\$25.00 EACH**

____ Credit Card (**\$2.50 transaction fee**)
[up to \$50.00; above \$50 = 4%]

____ Personal Check (ID Required)
NO OUT-OF-STATE CHECKS!

____ Certified Bank Check

____ Money Order

____ Business Check

____ Cash

**Credit Card orders online - www.ashlandhealth.com
-- click on Vital Statistics --**

Payment payable to:

Ashland Health Department

**By mail send completed application form, payment and a
self-addressed stamped envelope to:**

Ashland Health Department

Attn: Vital Statistics

1763 State Route 60

Ashland, Ohio 44805

OFFICE
USE
ONLY

DATE _____

RECEIPT # _____

SP# _____

SP# - VET, SUPPL, AFF _____