

APPLICATION FOR RELEASE OF VITAL RECORD INFORMATION

ASHLAND COUNTY-CITY HEALTH DEPARTMENT

County Service Center ~ 1763 State Route 60 ~ Ashland, OH 44805 ~ (419) 282-4231

www.ashlandhealth.com

_____ Birth Certificate _____ Death Certificate

Information Requested: (check (√) appropriate boxes)

Place of Birth/Death	Mother's Name	Father's Name	Date/Place of Burial	Cause of Death	View Entire Certificate

Your printed name _____

Business (if applicable) _____

Address _____

City/State/Zip _____ Phone: _____

Signature _____ Today's date: _____