

# Birth Certificate Request Form

## Ashland County Health Department Vital Statistics APPLICATION FOR CERTIFIED COPIES

### MAILING ADDRESS

Send completed application with required fee to:

Ashland County Health Department  
1211 Claremont Avenue  
Ashland, OH 44805



For Office Use Only:

Order Number:	Date:
State File Number:	Other:

### RECORD INFORMATION: (Information about the person on the requested record)

<b>Full Name on Requested Record:</b>		<b>If name was changed since birth, indicate new Name:</b>	
<b>For Birth Requests, Please Provide the Parents' Information of the Birth Certificate being requested:</b>	<b>Date of Birth:</b>	<b>City/County of Birth:</b>	<b>Please indicate if you are requesting the certificate for:</b> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business  <b>Number of Birth Record Copies:</b> X \$25.00
	<b>Mother's Full Name before first Marriage:</b>		
	<b>Father's Full Name:</b>		
<b>Death Certificate Requests:</b>  <b>Fetal Death Certificate requests should also complete this section</b>	<b>Date of Death:</b>	<b>City/County of Death:</b>	<b>SSN Requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Fetal Death Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	You may request a copy of the death certificate with the Social Security Number included if you are: <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) <input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media  <b>You must attach a copy of your identification showing you are an authorized requestor.</b>		
<b>Total Amount Due</b>			<b>\$</b>

### APPLICANT INFORMATION: (Information about the person requesting the record)

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

<b>Applicant Name:</b>		<b>Email:</b>	
<b>Street Address:</b>		<b>Phone Number:</b>	
<b>City, State, &amp; Zip:</b>		<b>Signature of Applicant:</b>	