

Vital Statistics

Application for Ohio Certified Death Record Copies



Public Health
Prevent. Promote. Protect.

**Ashland County
Health Department**

Please ensure all pertinent information is included with your request, including the decedent's full legal name, date of death, and city or county where the death occurred. **We search and provide Ohio death records from present date and previous 50 years only.** Requests submitted online or in person will be searched and fulfilled within five business days.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Ashland County Health Department
1211 Claremont Avenue
Ashland, Ohio 44805
(419) 282-4231

☐ **Death Certificate**

\$25.00 per certified copy

☐ **Fetal Death Certificate**

(Cause of Death shown) \$25.00 per certified copy.

APPLICANT INFORMATION (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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)

Full Name (Decedents full name at time of death):

Date of Birth:	Date of Death:	City and County Where the Death Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Ashland County Health Department)

DEATH:

<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , 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.) <i>*See below for authorized requestors.</i>	Number of Death Record Copies: _____ x \$25.00 = \$_____
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FETAL DEATH OR STILLBIRTH - (Please note stillbirth abstracts are free to birth parents only) :

Did the stillbirth event occur at 20 weeks or less gestation? (This information will help us determine how the record has been filed.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Free Stillbirth Abstract Number of Fetal Death Record Copies: _____ x \$25.00 =
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TOTAL AMOUNT DUE: Do NOT send cash. Make check/money order payable to Ashland County Health Department

\$_____

***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.

HEA 2701 (Rev. 01/2025)