

Ashtabula County Health Department Vital Statistics

APPLICATION FOR CERTIFIED COPIES

MAILING ADDRESS

Send completed application with required fee plus a self-addressed stamped envelope to:

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, OH 44047
(440) 576-6010

***NO OUT-OF-STATE CHECKS**

***NO CREDIT CARDS**

For Office Use Only:

Date: ____/____/____	Check# _____ MO# _____
Copies: _____ Clerk: _____	Cash Amount\$ _____
Receipt #:	Audit Numbers(s):
Certificate #:	

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

FULL NAME on requested record: (BIRTH / DEATH)		If...NAME has changed since birth, indicate NEW NAME:	
Birth Certificate Requests:	Date of Birth:		City/County of Birth:
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	State of Birth:
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	State of Birth:
			Please indicate if you are requesting the certificate for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business Number of birth record copies: _____ x \$25.00 = Total = \$ _____
Death Certificate Requests:	Date of Death:		City/County of Death:
	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) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media		
	Fetal Death Certificate requests should also complete this section		SSN Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Fetal Death Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of death/fetal death record copies: _____ x \$25.00 = Total = \$ _____ Supplementals # _____ Affidavits # _____ VA Copies # _____
Total Amount Due (local checks & money orders accepted)			\$ _____

APPLICANT 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	X.