Ashtabula City Health Department □ Vital Statistics

APPLICATION FOR CERTIFIED COPIES

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

PLEASE PRINT ALL INFORMATION!!!! | **Has the name changed since birth?: YES NO**

Birth Certificate Requests:

PRINT FULL NAME AT BIRTH:

DATE OF BIRTH:

Please indicate if you are requesting the certificate for:
□ Dual Citizenship
□ Genealogy
□ Out of County Marriage
□ International Legal Business

Select One:
□Mother
□Father
□Parent

PRINT Mother's Full name before first marriage:

Select One:
□Mother
□Father
□Parent

PRINT Father's Full name before first marriage:

Number of birth record copies:
_____ x $25.00 =

$_____

Death Certificate Requests:

PRINT FULL NAME OF DECEASED:

DATE OF DEATH:

You MUST complete this section to obtain a copy of the death certificate with the Social Security Number included. You are: (choose one)

□The deceased's spouse, or lineal descendant
□ The deceased's executor, attorney, or legal agent
□ A representative of an investigative government agency
□ A private investigator
□ A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
□ A veteran's service officer
□ An accredited member of the media

You must attach a copy of your identification showing you are an authorized requestor.

Fetal Death Certificate requests should also complete this section

Number of death/fetal death record copies:
_____ x $25.00 =

$_____

Total Amount Due: $_____

YOU MUST FILL OUT INFORMATION BELOW: *(with your information)*

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:		Relationship to above:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	

MAILING ADDRESS

Send application with required fee & self addressed stamped envelope to:

Ashtabula City Health Department
4717 Main Avenue
Ashtabula, OH 44004

For Office Use Only: LEAVE BLANK

___Cash ___ Check ___Credit Card	**Date:**
	Audit # on certificate: