

CLINTON COUNTY HEALTH DISTRICT APPLICATION FOR CERTIFIED COPIES



RECORD INFORMATION: *(Information about the person you are requesting the record for)*

| | | | | | |
|--|--|--|--|--|--|
| Full name on birth or death certificate: First Middle Maiden/Last | | | If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.) | | |
| Date of Birth: and/or Date of Death: | | | City and County where event occurred: | | |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | Full First Full Middle Maiden or Last Name | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | Full First Full Middle Maiden or Last Name | | |

CHARGES: **Cash, Credit/Debit, or Money Order** ***NO CHECKS***

| | | | |
|--|---|--|--|
| Birth: | If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed 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 copies requested: _____ x \$23.00 = \$ _____ |
| | Death: | | Number of copies requested: _____ x \$23.00 = \$ _____ |
| All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors: <input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of 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 office <input type="checkbox"/> An accredited member of the media You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license. | | | |
| Burial Permit: | Name _____ Name _____ | | Number of copies requested: _____ x \$3.00 = \$ _____ |
| | Name _____ Name _____ | | |
| 2 x \$23 = \$46 5 x \$23 = \$115 8 x \$23 = \$184 3 x \$23 = \$69 6 x \$23 = \$138 9 x \$23 = \$207 4 x \$23 = \$92 7 x \$23 = \$161 10 x \$23 = \$230 | | | Total Amount Due \$ _____ |

PURCHASER'S 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.

| | | | |
|---------------------|--|------------------------|--|
| Purchaser's Name: | | Email: | |
| Street Address: | | Phone Number: | |
| City, State, & ZIP: | | Purchaser's Signature: | |

MAILING ADDRESS

Send completed application with required fee to:

CCHD

**111 S. Nelson Ave.; Suite 1
Wilmington, OH 45177**

FOR OFFICE USE ONLY:

| | |
|---------------------------|----------------------|
| Order Number: | Date: |
| State File Number: | Permit/Other: |

OWE _____ Supplement