



# CLINTON COUNTY HEALTH DISTRICT APPLICATION FOR CERTIFIED COPIES



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

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

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

<b>Birth:</b>	<b>If you do not need a birth certificate for any of the following reasons, skip this section.</b> 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	<b>Number of copies requested:</b>  _____ x \$23.00 = \$ _____
<b>Death:</b>	<b>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:</b> <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 <b>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</b>	<b>Number of copies requested:</b>  _____ x \$23.00 = \$ _____
<b>Burial Permit:</b>	Name _____ Name _____ Name _____ Name _____	<b>Number of copies requested:</b>  _____ x \$3.00 = \$ _____
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		<b>\$ _____</b>  <b>Total Amount Due</b>

## 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:

<b>Order Number:</b>	<b>Date:</b>
<b>State File Number:</b>	<b>Permit/Other:</b>

OWE \_\_\_\_\_ Supplement