Ohio Department of Health • Office of Vital Statistics Application for Certified Copies

Birth	\$16.50 per certificate	Check	Do not write in this space
Death	\$16.50 per certificate	Money order	AFS number
Fetal death	\$16.50 per certificate	Cash (Walk-in only)	Volume number.
Stillbirth	(free to birth parents only for b	pirths occurring after September 26, 2003)	
Paternity aff	fidavit \$7.00 per affidavit		Certificate number
Searching fe	ee \$3.00 per 10 years		
Birth	Name at birth		Date of birth
Stillbirth	Place of birth City/County in Ohio		CPR stamp number (Paternity only)

Paternity				
affidavit	Full maiden name of mother		Full name of father	
	Has there been any corrections made to thi	is certificate?	If Yes, what type of change)
Death	Name of deceased			Date of death
Fetal death	Place of death City/County in Ohio			
	Full maiden name of mother		Full name of father	
Record search	Full name of husband		Full maiden name of wife	
necora search				
Marriage	Marriage—date	Place City/County in Ohio		
	Divorce—date	Place City/County in Ohio		
	List years needing searched			

Important

Enclose check or money order. Each request must have the required fee and made payable to "TREASURER, STATE OF OHIO". Overpayment fee of \$2.00 or less will not be refunded.

Signature of applicant	Telephone

10/05)	
(Rev.	
2709	
HEA	

Name		
Address		
City	State	ZIP

Send completed application with the fee to: Ohio Department of Health Revenue Room 246 North High Street, 1st floor P.O. Box 15098 Columbus, Ohio 43215-0098 (614) 466-2531