

## Ohio Department of Health • Office of Vital Statistics

# APPLICATION FOR CERTIFIED COPIES

**Walk-in service** (allow 30-60 minutes)  
 (8:00 AM – 5:00 PM, Mon–Fri, closed holidays)  
 Ohio Department of Health  
 Office of Vital Statistics  
 225 Neilston Street  
 Columbus, OH 43215  
 (614) 466-2531

**Mail-in order** (allow 2-4 weeks)  
 Send completed application with required fee to:  
 Ohio Department of Health, Revenue Room  
 246 North High Street, 1<sup>st</sup> floor  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

This space for office use only	
Order (AFS) number	
A	Initial
Volume number	Certificate number

### APPLICANT INFORMATION:

<b>Name of person making request:</b>	First	Middle	Last
<b>Mailing address:</b>	Street address		City
	State	Zip code	Phone number (      )
Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.			<b>Signature of Applicant:</b>

### REGISTRANT INFORMATION: *(information about person whose vital record is being requested)*

<input type="checkbox"/> <b>Birth</b> \$21.50 per certified copy or abstract	Name at birth ( <i>child's full name as shown on birth record</i> ):	Date of birth:
<input type="checkbox"/> <b>Stillbirth</b> Free to birth parents for stillbirths after Sept. 26, 2003	Place of birth ( <i>City/County in Ohio</i> ):	CPR stamp number ( <i>Paternity only</i> ):
<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy	Full maiden name of mother ( <i>prior to first marriage</i> ):	Full name of father:
<input type="checkbox"/> <b>Heirloom Birth</b> \$25.00 per certified abstract	Have there been any corrections or legal changes made to certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:

<input type="checkbox"/> <b>Death</b> \$21.50 per certified copy	Name of deceased:	Date of death:
<input type="checkbox"/> <b>Fetal death</b> \$21.50 per certified copy	Place of death ( <i>City/County in Ohio</i> ):	
	Full maiden name of mother ( <i>prior to first marriage</i> ):	Full name of father:

**SEARCHES:** If the full legal name or date of event is unknown, the fee to search is \$3.00 per ten-year period. If the request is located and you would like a certified copy of the birth or death record, an additional charge of \$21.50 is required with the order. Searches will take 1 - 2 months to process. Submit this application providing as much identifying information known for the event. If not all information is known, provide as much as possible.

<b>Record Search:</b> \$3.00 per ten year period searched	Full name of registrant:	For marriage/divorce, specify full name of spouse:
<input type="checkbox"/> <b>Marriage</b>	Date of event:	Place ( <i>City/County in Ohio</i> ):
<input type="checkbox"/> <b>Divorce</b>	Specify years to be searched:	
<input type="checkbox"/> <b>Birth</b>		
<input type="checkbox"/> <b>Death</b>		

### CHARGES:

Total number of standard copies or abstracts (birth, death, fetal death):		X	\$21.50 =	\$
Total number of heirloom birth certificates:		X	\$25.00 =	\$
Total number of paternity affidavits:		X	\$7.00 =	\$
Total number of searching fees (\$3.00 per ten year period):		X	\$3.00 =	\$
<b>TOTAL AMOUNT DUE:</b>				<b>\$</b>

For mail orders, please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO". Overpayment of \$2.00 or less will not be refunded.