

# Ohio Department of Health • Office of Vital Statistics

## Application For Certified Copies

**Reason for order**

Driver's License	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Genealogy	<input type="checkbox"/>
School	<input type="checkbox"/>	International Use	<input type="checkbox"/>
Marriage License	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Mail-in order**

Send completed application with required fee to:  
 Ohio Department of Health,  
 Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

<b>This space for office use only</b>	
Order Number (AFS)	
Service	
Certificate Number	

**Certificate Requested:** *(What type of certificate is being ordered)*

<b>Birth Certificate</b> \$21.50 per certificate	<input type="checkbox"/>	<b>Heirloom Birth Certificate</b> \$25.00 per commemorative certificate	<input type="checkbox"/>	<b>Paternity Affidavit</b> \$7.00 per certified copy	<input type="checkbox"/>
<b>Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/>	<b>Fetal Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/>	<b>Stillbirth Commemorative Abstract</b> Free to birth parents for stillbirth events taking place after September 26, 2003	<input type="checkbox"/>

**Registrant Information:** *(Information about the person on the requested record)*

<b>Full name</b> <i>(for birth, indicate child's full name as shown on original birth record):</i>		<b>Date of birth:</b>	
<b>Place of birth/death</b> <i>(City/County in Ohio):</i>		<b>Date of death:</b>	<b>CPR stamp number</b> <i>(Paternity only):</i>
<b>Full name of father:</b>		<b>Full name of mother</b> <i>(maiden name prior to first marriage):</i>	
<b>Have there been any corrections or legal changes made to the information on this certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If name was changed since birth, indicate new name:</b>	<b>Did the stillbirth event occur after 20 weeks or less gestation?</b> <i>(Fetal Death/Stillbirth only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Charges:** *Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"*

<b>Total number of standard copies or abstracts (birth, death, fetal death):</b>	<b>X \$21.50 =</b>	<b>\$</b>
<b>Total number of heirloom commemorative birth certificates:</b>	<b>X \$25.00 =</b>	<b>\$</b>
<b>Total number of paternity affidavits:</b>	<b>X \$7.00 =</b>	<b>\$</b>
Refunds will be issued only for orders where a certified document cannot be issued, and may be subject to search fees. Overpayment of \$2.00 or less will not be refunded.		<b>TOTAL AMOUNT DUE: \$</b>

**Applicant 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	