

# Ashtabula County Health Department Vital Statistics

## APPLICATION FOR CERTIFIED COPIES

### MAILING ADDRESS

Send completed application with required fee plus a self-addressed stamped envelope to:

**Ashtabula County Health Department**  
**12 West Jefferson Street**  
**Jefferson, OH 44047**  
**(440) 576-6010**

**\*NO OUT-OF-STATE CHECKS**  
**\*NO CREDIT CARDS**

### For Office Use Only:

Date: ____/____/____	Check# ____ MO# ____
Copies: ____ Clerk: ____	Cash Amount\$ ____
Receipt #:	Audit Numbers(s):
Certificate #:	

## RECORD INFORMATION: (Information about the person on the requested record)

Full name on requested record:		If name was changed since birth, indicate new name:	
<b>Birth Certificate Requests:</b>	Date of Birth:	City/County of Birth:	
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	
	Please indicate if you are requesting the certificate 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 birth record copies: _____ x \$25.00 = \$ _____			
<b>Death Certificate Requests:</b>	Date of Death:	City/County of Death:	
	You may request a copy of the death certificate with the Social Security Number included if you are: <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 officer <input type="checkbox"/> An accredited member of the media		
	SSN Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Fetal Death Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of death/fetal death record copies: _____ x \$25.00 = \$ _____			
Fetal Death Certificate requests should also complete this section			
<b>You must attach a copy of your identification showing you are an authorized requestor.</b>			
<b>Total Amount Due (local checks &amp; money orders accepted)</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:	<b>X.</b>