

Ashtabula County Health Department - Vital Statistics

APPLICATION FOR CERTIFIED COPIES

By Mail:

*Send Completed Application with required fees along with a Self-Addressed Stamped Envelope to:
 Ashtabula County Health Department
 12 West Jefferson Street
 Jefferson, OH 44047
 (440) 576-6010

IMPORTANT!! Do Not Send CASH in the Mail

RECORD INFORMATION:

For Office Use Only: (Rev. 1/2/20 ACHD)

Date: ____/____/____	Cash \$ _____
Copies: _____ Clerk _____	Check # _____ \$ _____
Receipt #:	M.O.# _____ \$ _____
Certificate #:	Audit Numbers(s):

Check One:

- ____ **BIRTH CERTIFICATE** **\$25.00 EA.**
 ____ **DEATH CERTIFICATE** **\$25.00 EA.**

Print FULL Name: (First, Middle, Last)	If Name was Changed Since Birth, Indicate NEW Name:
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Information about the person on requested record 	Date of Birth: (Month/Day/Year) ____/____/____		Date of Death: (Month/Day/Year) ____/____/____		
	City and County Where Event Occurred	City: _____	County: _____		
	<input type="checkbox"/> Mother <input type="checkbox"/> Parent	PRINT full name before first marriage: _____		Birth State: (Ex. Ohio) _____	
	<input type="checkbox"/> Father <input type="checkbox"/> Parent	PRINT full name before first marriage: _____		Birth State: (Ex. Ohio) _____	

CHARGES: We accept Cash, Checks & Money Orders - *NO Personal Out-of-State Checks*

Birth:	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 ea. = \$ _____
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Death:	Pursuant to Ohio Revised Code 3705.25: For the first five years after a decedent's death, the social security number will not be included on a certified death record, unless that information is specifically requested to be on the copy by showing proof of relationship and a valid driver's license to the registrar. You MUST attach a copy of your identification showing you are an authorized requestor (see other side for the Records Request Instructions for a complete list of authorized requestors) SSN Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of death record copies: ____ x \$25.00 ea. = \$ _____ Supplemental # _____ Affidavits # _____ VA Copies # _____
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Fetal Death Certificate requests should also complete this section	Did the stillbirth event occur at 20 weeks or less gestation? ____ Yes ____ No (This information will help us determine how the record was filed)	Number of fetal death record copies: ____ x \$25.00 ea. = _____
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Total Amount Due: \$ _____

APPLICANT INFORMATION: (Information about the person requesting the record - MUST BE FILLED OUT!!)

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:		Relationship to above:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	x



Ashtabula County Health Department Vital Statistics Records Request Instructions

**Notice to All
Vital Statistics
Customers:**

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.

Records We Have On File:

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908 and an index of all death records filed in Ohio after January 1, 1964. This Vital Statistics office also maintains copies of death records filed **1908 to present**. For requests of recent vital events, please note it can take up to three months for a record to be registered.

Who Can Order A Record:

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

Placing An Order:

For the fastest response, we recommend placing your order in person. See our website at ashtabulacountyhealth.com or call our vital statistics office at (440) 576-6010 for detailed instructions and further explanation of these options. Also, visit www.odh.ohio.gov/vs or call (614) 466-2531 for further information.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed, rather than requesting a certified copy of the record.

Birth Certificates:

Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

Death Certificates and Social Security Numbers:

As of October 15, 2015, for the first five years after the date of death the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased's spouse, or lineal descendant
- The deceased's executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
- A veteran's service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included, and submit satisfactory identification to the registrar or clerk. (Photo ID; Drivers License or Legal Documentation if applicable.)

Fees: In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is **\$25.00**.