Ashtabula County Health Department - Vital Statistics
APPLICATION FOR CERTIFIED COPIES

For Office Use Only: (Revised 10/26/2020 ACHD)	
Date: ________	Cash $ ________
# Copies: ______	Check # ________
	$ ________
	M.O.# ________
Clerk: ______	$ ________
Receipt #:	Audit Numbers(s):
Certificate #:	

RECORD INFORMATION:

Print FULL Name: (First, Middle, Last as shown on the original record)		If Name was Changed Since Birth, Indicate NEW Name:
Date of Death:	**City/Township of Death:**	**County of Death:**
☐ Mother ☐ Parent	Name before first marriage: (First, Middle, Last)	
☐ Father ☐ Parent	Name before first marriage: (First, Middle, Last)	

CHARGES: Cash, Local Check, Money Order **Payable to: "Ashtabula County Health Department"**

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 **SSN Requested on certified death record?** ☐ Yes ☐ No 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)	**Number of death record copies:** ____ x **$25.00 ea.** = $________ Affidavits # ________ Supplemental #______ Permits (B/C) $3.00 each $________ VA Copies # ________
	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.

Mailing Address: ***DO NOT SEND CASH***

*Send completed application with required fees & self-addressed stamped envelope to:

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, OH 44047
(440) 576-6010 opt. #3

HEA 2709 (Rev. 1/2016)