



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 opt. #3 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.

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**.

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.)

Ashtabula County Health Department - Vital Statistics APPLICATION FOR CERTIFIED COPIES



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

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 Birth:	City/Township of Birth:	County of Birth:
<input type="checkbox"/> Mother <input type="checkbox"/> Parent	Name before first marriage: (First, Middle, Last)	Birth State: (Ex. Ohio)
<input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage: (First, Middle, Last)	Birth State: (Ex. Ohio)

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

Birth:	Please indicate if you are requesting the certificate for: <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> International Legal Business <input type="checkbox"/> Genealogy	Number of birth record copies: _____ x \$25.00 ea. = \$ _____
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 IN THE MAIL

*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