

# Ross County Health District

## APPLICATION FOR CERTIFIED COPIES

**CHARGES:**

**\$30 per certified record**

<b>Birth:</b> Full name on <u>birth</u> certificate:			
First	Middle	Maiden/Last (at time of birth)	
Date of Birth:		City and County where birth occurred:	
<input type="checkbox"/> Mother	Full First	Full Middle	Maiden
or	<b>AND</b>		or
<input type="checkbox"/> Parent			<input type="checkbox"/> Father
			Full First
			Full Middle
			Last
			<input type="checkbox"/> Parent
<p>If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for:</p> <p><input type="checkbox"/> Dual Citizenship      <input type="checkbox"/> Genealogy      <input type="checkbox"/> Out of Country Marriage      <input type="checkbox"/> International Legal Business</p>			
<b>Death:</b>	Full name on <u>death</u> certificate:		Date of Death:
	First	Middle	Last
<p>All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The deceased's spouse or descendent</li> <li><input type="checkbox"/> The deceased's executor, attorney, or legal agent</li> <li><input type="checkbox"/> A representative of investigative government agency</li> <li><input type="checkbox"/> A private investigator</li> <li><input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family</li> <li><input type="checkbox"/> A veteran's service office</li> <li><input type="checkbox"/> An accredited member of the media</li> </ul> <p>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</p>			<p><b>Number of copies requested:</b></p> <p>_____ x \$30.00 = \$_____</p>

**PURCHASER'S 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.

Purchaser's Name:		Purchaser's Signature:	
Street Address:		Phone Number:	
City, State, ZIP			

**MAILING ADDRESS**

Send completed application with required fee to:

**150 E. Second St.  
Chillicothe, OH 45601  
740-779-9630**

**FOR OFFICE USE ONLY:**

Order Number:	Date &
	Initials: