

APPLICATION for CERTIFIED COPIES

Ross County Health District

475 Western Ave. Suite 5A

Chillicothe, Ohio 45601

740-779-9630

A signed application is required by law, ORC 3705.23(A)(1) and must be submitted with the established fee before a certified copy of a vital record can be issued

Check the type of record you are requesting: _____ **Birth** _____ **Death**

Please print below the information about the requested certificate

Name on Record:	first	middle	last
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Date of Event: (birth or death)	Place of Event: Can Be Chillicothe or Ross County Only! (birth or death)
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(the next two lines are for birth requests only)

Parents Name:	mothers first :	mothers maiden name:
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fathers first:	fathers last:
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Have any corrections/changes been made to this certificate:

_____ Yes _____ No _____ Unknown

Your Name: (please print)	(please sign)
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Your Address:	Your Phone Number:
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City:	State:	Zip:
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Today's Date: Number of Copies _____ (they are \$25.00 each)

For Our Office Use Only: