

Ohio Department of Health • Office of Vital Statistics

# Application for Certified Copies

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Birth               | \$16.50 per certificate  | <input type="checkbox"/> Check               |
| <input type="checkbox"/> Death               | \$16.50 per certificate  | <input type="checkbox"/> Money order         |
| <input type="checkbox"/> Fetal death         | \$16.50 per certificate  | <input type="checkbox"/> Cash (Walk-in only) |
| <input type="checkbox"/> Stillbirth          | (free to birth parents only for births occurring after September 26, 2003) |  |
| <input type="checkbox"/> Paternity affidavit | \$7.00 per affidavit   |  |
| <input type="checkbox"/> Searching fee       | \$3.00 per 10 years  |  |

Do not write in this space	
AFS number	
A	Initial
Volume number	Certificate number

<input type="checkbox"/> <b>Birth</b> <input type="checkbox"/> <b>Stillbirth</b> <input type="checkbox"/> <b>Paternity affidavit</b>	Name at birth		Date of birth
	Place of birth <i>City/County in Ohio</i>		CPR stamp number (Paternity only)
	Full maiden name of mother	Full name of father	
	Has there been any corrections made to this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type of change

<input type="checkbox"/> <b>Death</b> <input type="checkbox"/> <b>Fetal death</b>	Name of deceased		Date of death
	Place of death <i>City/County in Ohio</i>		
	Full maiden name of mother	Full name of father	

<b>Record search</b> <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Divorce</b>	Full name of husband		Full maiden name of wife
	Marriage—date	Place <i>City/County in Ohio</i>	
	Divorce—date	Place <i>City/County in Ohio</i>	
	List years needing searched		

### Important

Enclose check or money order. Each request must have the required fee and made payable to "TREASURER, STATE OF OHIO". Overpayment fee of \$2.00 or less will not be refunded.

Signature of applicant	Telephone
------------------------	-----------

Please complete name and address on ALL orders.

#### Walk-in/Same day service (9–3 M–F closed holidays)

Ohio Department of Health  
 Vital Statistics  
 225 Neilston Street  
 Columbus, OH 43215  
 (614) 466-2531

#### Mail-in order (allow 3–6 weeks)

Send completed application with the fee to:

Ohio Department of Health  
 Revenue Room  
 246 North High Street, 1st floor  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

HEA 2709 (Rev. 4/07)

Name		
Address		
City	State	ZIP