



**APPLICATION FOR CERTIFIED
BIRTH OR DEATH CERTIFICATE**

Mail application and fee to:
Fairfield County Health Department-VS
1550 Sheridan Drive, Suite 100
Lancaster, OH 43130
(740) 652-2836

FOR VITALS OFFICE USE ONLY:
 Date: _____
 # of Copies: _____
 Fee: _____ Pmt Method: _____
 Cert #s: _____

NO REFUNDS WILL BE ISSUED.

Person Requesting the Certificate		PHONE NUMBER	
ADDRESS		CITY STATE & ZIP	

\$32 per copy (credit/debit cards add 3% or \$1.50 minimum fee)

BIRTH CERTIFICATE REQUEST - (Ohio Births Only)

NAME AT BIRTH (or name after legal adoption/court name change- <u>NOT</u> by marriage)			DATE OF BIRTH:
First:	Middle:	Last:	/ /
MOTHER'S FULL NAME	MAIDEN NAME	FATHER'S FULL NAME	
Indicate below <u>ONLY IF</u> requesting the record for any of the following purposes: <input type="checkbox"/> Dual Citizenship in US and a foreign country <input type="checkbox"/> Genealogy (ex. family tree) Research <input type="checkbox"/> International marriage or international legal proceedings			# of copies requested: _____

DEATH CERTIFICATE REQUEST- (Fairfield County Deaths Only)

NAME AT DEATH:		DATE OF DEATH:
First:	Last:	/ /
IF DEATH OCCURRED <u>LESS THAN FIVE YEARS</u> AGO SEE BELOW: <input type="checkbox"/> No, I do not need the Social Security Number included on the death certificate. OR Yes, I am requesting a copy with the SSN included because I am:		# of copies requested _____
<input type="checkbox"/> The deceased's current spouse (Must provide ID AND proof of marriage) <input type="checkbox"/> Lineal descendent, ex. child, grandchild, etc. (Must provide ID AND copy of birth certificate(s)) <input type="checkbox"/> The deceased's executor, attorney/legal agent, or representative of an investigating govt agency/Veteran's service officer/private investigator/accredited member of media (Must provide ID AND paperwork) <input type="checkbox"/> A funeral director responsible for disposition of the body and acting on behalf of the deceased.		For Funeral Home Use Only Permit _____ VA _____