

Ohio Department of Health • Office of Vital Statistics

Application For Certified Copies

Reason for order

Driver's License		Passport	
Insurance		Genealogy	
School		International Use	
Marriage License		Other	

Mail-in order

Send completed application with required fee to:
 Ohio Department of Health,
 Vital Statistics
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

This space for office use only

Order Number (AFS)
Service
Certificate Number

Certificate Requested: *(What type of certificate is being ordered)*

Birth Certificate \$21.50 per certificate	Heirloom Birth Certificate \$25.00 per commemorative certificate	Paternity Affidavit \$7.00 per certified copy
Death Certificate \$21.50 per certified copy	Fetal Death Certificate \$21.50 per certified copy	Stillbirth Commemorative Abstract Free to birth parents for stillbirth events taking place after September 26, 2003

Registrant Information: *(Information about the person on the requested record)*

Full name <i>(for birth, indicate child's full name as shown on original birth record):</i>		Date of birth:	
Place of birth/death <i>(City/County in Ohio):</i>		Date of death:	CPR stamp number <i>(Paternity only):</i>
Full name of father:		Full name of mother <i>(maiden name prior to first marriage):</i>	
Have there been any corrections or legal changes made to the information on this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:	Did the stillbirth event occur after 20 weeks or less gestation? <i>(Fetal Death/Stillbirth only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Charges: *Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"*

Total number of standard copies or abstracts (birth, death, fetal death):	X \$21.50 =	\$
Total number of heirloom commemorative birth certificates:	X \$25.00 =	\$
Total number of paternity affidavits:	X \$7.00 =	\$
Refunds will be issued only for orders where a certified document cannot be issued, and may be subject to search fees. Overpayment of \$2.00 or less will not be refunded.	TOTAL AMOUNT DUE:	\$

Applicant 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	