APPLICATION FOR CERTIFIED COPY OF BIRTH AND DEATH RECORDS
COLUMBIANA COUNTY DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

EFFECTIVE – OCTOBER 01, 2009

CHECK APPROPRIATE ITEM

______ Birth Certificate	$27 00	______ Amount Requested	
______ Death Certificate	$27.00	______ Amount Requested	
______ Burial Transit Permit	$ 3.00	______ Amount Requested	
______ AFFIDAVITS -	FREE	______ Amount Requested	
______ SUPPLEMENTARY	FREE	______ Amount Requested	

Do not write in this space

Volume No.______________ ______________

Certificate No.________________________

Audit No. 1____________ 8____________
2____________ 9____________
3____________ 10____________
4____________ 11____________
5____________ 12____________
6____________ 13____________
7____________ 14____________

PERSON INITIAL RESPONSIBLE FOR THE PROCESSING OF CERTIFICATE________________________

Money order must be made payable to: COLUMBIANA COUNTY HEALTH DEPARTMENT

VITAL CHEK FOR DEBIT AND CREDIT CARD PAYMENT OPTIONS FOR PAYMENT OF ALL CERTIFIED COPIES OF VITAL RECORDS, OR ANY PRODUCT AND SERVICE WHICH OCCUR AT THIS OFFICE.

Applicant's full name first, middle, last____

Present Address Number and Street City, Village Township, State, Zip, Phone Number

____

Name of person requested____

Mother's Maiden Name____

Father's Name____

Place of Event____________________________________ Date of Event__________________

Amount Enclosed $________________ CASH______ CHECK/M.O.______________ VITAL CHEK__________________

PURPOSE FOR NEEDING THECOPY________________________________ RECEIPT NO.__________________

RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE BEING REQUESTED______________

APPLICANT'S SIGNATURE______________________________ **DATE**__________________

COLUMBIANA COUNTY HEALTH DEPARTMENT
7360 ST. RT. 45, P.O. BOX 309
LISBON, OHIO 44432-0309
RUTH A. DRUGAN LOCAL REGISTRAR
DISTRICT NO. 1500, 1503, 1505, 5010
PHONE 330 424 0275 – FAX 330 424-1733 E-MAIL: rdrugan@columbiana-health.org