

Walk-in service

(8:00 AM – 4:00 PM, Mon–Fri)
 Columbiana County Health Dept.
 7360 State Route 45, PO Box 309
 Lisbon, Ohio 44432
 (330) 424-0272x115
 Any request after 3:45 may not be same day
 Closed Legal Holidays

Columbiana County • Office of Vital Statistics

APPLICATION FOR CERTIFIED

Birth or Death

Office use only

Mail:

Send completed application with
 required **Money Order** fee to:
 Columbiana County Health Department
 P.O. Box 309
 Lisbon, Ohio 44432
 Attn: Vital Statistics

Date: _____

Rcpt#: _____

M.O. _____ Check _____

REGISTRANT INFORMATION: *(information about person whose vital record is being requested)*

| | | |
|---|--|-------------------------------|
| Please Check One <input type="checkbox"/> Birth \$27.00 per certified copy <input type="checkbox"/> Death \$27.00 per certified copy Office Use only | Full name: _____ | |
| | Place of birth or death: _____ | Date of birth or death: _____ |
| | Full name of mother(maiden): _____ | Full name of father: _____ |
| | Relationship to decedent if requesting death certificate: _____ Copy of <u>Driver's License</u> and <u>proof of relationship</u> required for all certified death records with social security number on them. See ORC 3705.25 below. Please send <u>copy(s)</u> of proof of relationship. Do not send originals. ***** | |
| | Audit: _____ Driver's License No.# _____ SFN: _____ Expiration Date: _____ | |

| | | |
|--|--------------|----|
| Total number of copies (birth or death): | X \$27.00 | \$ |
|--|--------------|----|

For mail orders: Please include money order (do not send cash or check, all checks will be held for three weeks if sent), made payable to: Columbiana County Health Department.

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|--|---|
| Signature of Applicant: | Pursuant to Ohio Revised Code 3705.25: For the first five years after a decedent's death, the social security number will not be included on a certified death record, unless that information is specifically requested to be on the copy by showing proof of relationship and a valid driver's license to the registrar. |
| Phone number: () - - - - - - | |

| | |
|------------------------------------|-------|
| Applicant name: | _____ |
| Street address: | _____ |
| City, State & Zip code: | _____ |