

**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

Do not write in this space

_____ Birth Certificate	\$27 00	_____ Amount Requested	Volume No. _____
_____ Death Certificate	\$27.00	_____ Amount Requested	Certificate No. _____
_____ Burial Transit Permit	\$ 3.00	_____ Amount Requested	Audit No. 1 _____ 8
_____ AFFIDAVITS -	FREE	_____ Amount Requested	2 _____ 9
_____ SUPPLEMENTARY	FREE	_____ Amount Requested	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

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 NO. _____ MONEY ORDER NO. _____

PURPOSE FOR NEEDING THE COPY _____ 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

