

**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: _____ <b>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.</b> *****	
	Audit: _____	Driver's License No.# _____
SFN: _____	Expiration Date: _____	

Total number of copies (birth or death):	X \$27.00	\$
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**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.

<b>Signature of Applicant:</b>	<b>Pursuant to Ohio Revised Code 3705.25:</b> 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.
<b>Phone number:</b> (      ) -      -	

<b>Applicant name:</b>	_____
<b>Street address:</b>	_____
<b>City, State &amp; Zip code:</b>	_____