

Columbiana Cty Health Dept-Vital Statistics Application for Ohio Certified Birth or Death Certificates

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Columbiana County Health Department
 PO Box 309
 Lisbon, Ohio 44432

__ Birth Cert-\$27.00 per certificate + \$1.00 processing fee **per copy if mailed**

Death Cert-\$27.00 per certificate+\$1.00 processing fee per copy if mailed

__ Burial Transit Permit \$10.00

__ Affidavits/Med. Supp

Certified copies of Death Certificates including Social Security number will only be issued if a copy of a valid ID/Driver's License (Front/Back) is attached. **Exceptions listed in ORC 3705.25 include Funeral Homes.**

Mailed applications without signature/ID will NOT be processed. Do not send cash. Checks must match valid ID. **NO OUT OF STATE CHECKS ACCEPTED.**

Any request for genealogy will be conducted when time permits and is not given priority status.

APPLICANT INFORMATION (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:		Relationship to decedent if requesting death certificate:	
Street Address:		Phone Number: REQUIRED	
City, State, & Zip:		Signature/Date:	

RECORD INFORMATION (the person on the requested birth/death record)

Full Name At Birth/Death:		If birth record, indicate child's full name as shown on original record:	
Date of Birth/Death:		City and County Where the Birth/Death Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Full name of mother (maiden name):	<input type="radio"/> Mother <input checked="" type="radio"/> Father <input type="radio"/> Parent	Full name of father:

FEES

Please Indicate the Reason for Requesting this Record:		Number of Certified Copies: _____ X \$27.00 = _____ __ + \$1.00 per cert. if mailing = _____ __ Burial Permit \$10.00 = _____
<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage	<input type="checkbox"/> Driver's License/Soc. Security Card/Personal Use <input type="checkbox"/> Passport <input type="checkbox"/> School or Work Permit <input type="checkbox"/> Legal Purpose/Insurance <input type="radio"/> New Birth	
Do NOT send cash. Make checks / money orders payable to Columbiana County Health Department		TOTAL AMOUNT DUE: \$ _____

*****OFFICE USE ONLY*****

SFN: _____ Burial Permit # _____

AUDIT # _____ RECEIPT # _____

AMOUNT ENCLOSED \$ _____ CASH _____ MONEY ORDER _____ CHECK # _____

DRIVERS LICENSE # _____ EXP. DATE _____