

Columbiana Cty. Health Dept-Vital Statistics Application for Ohio Certified Birth/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 \$3.00 ___ 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.**

*Applications without signature/ID will NOT be processed.
 Please do not send cash. All checks must match ID. Payment must be in full or certificates will not be mailed.

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 checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Full name of father:

FEES					
Please Indicate the Reason for Requesting this Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Driver's License/Soc. Security Card/Personal Use <input type="checkbox"/> Genealogy <input type="checkbox"/> Passport <input type="checkbox"/> International Legal Business <input type="checkbox"/> School or Work Permit <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Legal Purpose/Insurance	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Number of Certified Copies:</td> </tr> <tr> <td style="text-align: center; padding: 5px;">_____ X \$27.00 = _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">___ + \$1.00 per cert. if mailing= _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">__ Burial Permit \$3.00= _____</td> </tr> </table>	Number of Certified Copies:	_____ X \$27.00 = _____	___ + \$1.00 per cert. if mailing= _____	__ Burial Permit \$3.00= _____
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_____ X \$27.00 = _____					
___ + \$1.00 per cert. if mailing= _____					
__ Burial Permit \$3.00= _____					
Do NOT send cash. Make checks / money orders payable to <u>Columbiana County Health Department</u>					
TOTAL AMOUNT DUE:	\$ _____				

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

SFN: _____

AUDIT # _____ RECEIPT # _____

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

DRIVERS LICENSE # _____ EXP. DATE _____