

Public Health-Dayton & Montgomery County • Vital Statistics

Application For Certified Copies

CERTIFICATE REQUESTED

<input type="checkbox"/> Birth Certificate \$22.00 per certified copy
<input type="checkbox"/> Death Certificate \$22.00 per certified copy
<input type="checkbox"/> Fetal Death Certificate \$22.00 per certified copy

Walk-in service:

8:00 AM – 4:00 PM (Mon., Wed., & Fri)
 *9:00 AM – 4:00 PM (on 3rd Wed. of each month)
 *7:30 AM – 4:00 PM (Tuesday and Thursday)

Mail:

Send completed application with required fee to:

Public Health – Dayton & Montgomery County
 Office of Vital Statistics
 117 S. Main Street
 Dayton, OH 45422
 (937) 496-3117

RECORD INFORMATION *(Information about the person on the requested record)*

Full Name <i>(for birth, indicate child's full name as shown on the original birth record):</i>		If name was changed since birth, indicate new name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

CHARGES - Please include certified check or money order (do not send cash) made payable to "Public Health – Dayton & Montgomery County"

Birth:	Please indicate any corrections or legal changes made to certificate:	Number of birth record copies: _____ x \$22.00 = \$ _____
<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included.	All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors: I affirm that I am legally * able to access the information as the: The decedent's spouse A county veterans service office A lineal descendant A private investigator with a Class A or Class B license An official of federal or state government charged with prosecuting a crime The press or an individual responsible for reporting the news The executor of the decedent's estate Power of Attorney over the decedent's estate *You must attach a copy of your identification showing you are an authorized requestor.	Number of death record copies: _____ x \$22.00 = \$ _____
Total Amount Due:		\$ _____
Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish or attempt to obtain, possess, use sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead. Pursuant to Ohio Revised Code 3705.24 overpayment of \$2.00 or less will not be refunded.		*We gladly accept cash, credit cards and money orders. (Additional charge of \$2.50 for debit card orders. Additional charge of \$7.00 for credit card orders)

CUSTOMER INFORMATION *(Information about 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.

Customer Name:	Email:
Street Address:	Phone Number:
City, State, & Zip Code:	Signature of Customer:

This space for office use only

Comments:

Security Paper Number:	Certificate Number:
Employee Initials:	Date: