

MARION PUBLIC HEALTH APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION: *(Information about the person you are requesting the record for)*

| | | | | | | | |
|------------------------------------------|------------|----------------|---------------------------------------------------------------------------------------------------------|-------------------------------|------------|-------------|-------------------|
| Full name on birth or death certificate: | | | If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.) | | | | |
| First | Middle | Maiden/Last | | | | | |
| Date of Birth: | and/or | Date of Death: | City and County where event occurred: | | | | |
| OMother OFather OParent | Full First | Full Middle | Maiden/Last Name | OMother OFather OParent | Full First | Full Middle | Maiden/ Last Name |

CHARGES: \$ 25.00 PER COPY

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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Birth: | <p>If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for:</p> <ul style="list-style-type: none"> <input type="radio"/> Dual Citizenship <input type="radio"/> Out of Country Marriage <input type="radio"/> Genealogy <input type="radio"/> International Legal Business | <p>Number of copies requested:</p> <p>x \$25.00 = \$</p> |
| Death: | <p>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:</p> <ul style="list-style-type: none"> <input type="radio"/> The deceased's spouse or descendent <input type="radio"/> The deceased's executor, attorney, or legal agent <input type="radio"/> A representative of investigative government agency <input type="radio"/> A private investigator <input type="radio"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="radio"/> A veteran's service office <input type="radio"/> An accredited member of the media <p>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</p> | <p>Number of copies requested:</p> <p>x \$25.00 = \$</p> |
| Fetal Death: | | <p>Number of fetal death record copies requested:</p> <p>x 25.00 = \$</p> |
| Total Amount Due: | | \$ |

PURCHASER'S 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.

| | | | |
|---------------------|--|---------------|--|
| Purchaser's Name: | | Email: | |
| Street Address: | | Phone Number: | |
| City, State, & ZIP: | | Signature: | |

MAILING ADDRESS: *Send completed application with required fee (please, no personal checks) to:* **Marion Public Health**
181 South Main Street
Marion, Ohio



FOR OFFICE USE ONLY: Date: _____

| | |
|---------------------------|----------------------|
| Certificate No. | Receipt No. |
| Method of Payment: | MPH Initials: |