



TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION:

(Information about the person on the requested record)

Full name on birth and/or death certificate:			If name was changed, indicate new name: (i.e. adoption, legal name change, paternity, etc.)				
First	Middle	Maiden/Last					
Date of Birth:		Date of Death	Ohio City and County where event occurred:				
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First	Full Middle	Maiden or Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First	Full Middle	Maiden or Last Name
CHARGES: Payment Types Accepted: Cash, Check or Debit/Credit Card (VISA, Mastercard, Discover, Amex)							
Processing fee applies to Debit/Credit Cards							
Birth:	Do you need a birth certificate for any of these reasons?					Number of copies requested:	
	<input type="checkbox"/> Dual Citizenship/Genealogy		<input type="checkbox"/> Out of Country Marriage				
	<input type="checkbox"/> International Legal Matter		<input type="checkbox"/> None of these		_____ x \$25 = \$ _____		
Death:	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:					Number of copies requested:	
	<input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service office <input type="checkbox"/> An accredited member of the media					_____ x \$25 = \$ _____	
	You must attach a copy of your identification showing you are an authorized requestor:					Funeral Home ONLY: Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Burial <input type="checkbox"/> Cremation VA copy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fetal Death:	Fetal Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No					Number of fetal death record copies requested:	
	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation					_____ x \$25 = \$ _____	
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:		Purchaser's Signature:	

MAILING ADDRESS: Send completed application with required fee and a **self-addressed envelope** to: (check must have driver's license number on it or send money order)

Payable To: Vital Statistics
635 N. Erie Street
Toledo, OH 43604

FOR OFFICE USE ONLY:

Today's Date: _____
Security Paper #: _____
CA/CK/CC transaction#: _____
Initials: _____