# 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:** First Middle Maiden/Last | **If name was changed, indicate new name: (i.e. adoption, legal name change, paternity, etc.)** |
|---|---|
| | |

| **Date of Birth:** | **Date of Death** | **Ohio City and County where event occurred:** |
|---|---|---|
| | | |

| ☐ **Mother** ☐ **Father** ☐ **Parent** | Full First Full Middle Maiden or Last Name | ☐ **Mother** ☐ **Father** ☐ **Parent** | Full First Full Middle Maiden or Last Name |
|---|---|---|---|
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## CHARGES: Payment Types Accepted: Cash, Check or Debit/Credit Card (VISA, Mastercard, Discover, Amex)

***Processing fee applies to Debit/Credit Cards***

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|---|---|---|
| **Birth:** | **Do you need a birth certificate for any of these reasons?**<br>☐ Dual Citizenship/Genealogy ☐ Out of Country Marriage<br>☐ International Legal Matter ☐ None of these | **Number of copies requested:**<br>_____ 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:**<br>☐ The deceased's spouse or descendent<br>☐ The deceased's executor, attorney, or legal agent<br>☐ A representative of investigative government agency<br>☐ A private investigator<br>☐ A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family<br>☐ A veteran's service office<br>☐ An accredited member of the media<br>**You must attach a copy of your identification showing you are an authorized requestor:** | **Number of copies requested:**<br>_____ x $25 = $_____<br>**Funeral Home ONLY:**<br>**Permit:** ☐ **Yes** ☐ **No**<br>☐ **Burial** ☐ **Cremation**<br>**VA copy:** ☐ **Yes** ☐ **No** |
| **Fetal Death:** | **Fetal Permit:** ☐ **Yes** ☐ **No**<br>☐ **Burial** ☐ **Cremation** | **Number of fetal death record copies requested:**<br>_____ 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**
**1933 Spielbusch Ave**
**Toledo, OH 43604**

**FOR OFFICE USE ONLY:**

**Today's Date:** _____

**Security Paper #:** _____

**CA/CK/CC transaction#:** _____

**Initials:**_____