



Delaware General Health District

Vital Statistics

Records Request Instructions

Notice to All Vital Statistics Customers:	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.
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Who Can Order A Record?

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

Please complete one application form for each record or search requested.

Birth Certificates:

Please complete the “Record Information” portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record then provide the new name. Please identify the parents on the record as “mother,” “father,” or “parent,” and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal name change or genealogy.

Death Certificates and Social Security Numbers:

As of October 15, 2015, for the *first five years after the date of death* the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased’s spouse, or lineal descendant
- The deceased’s executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased’s family
- A veteran’s service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included and may be asked to submit a valid state issued ID or valid driver’s license.

Fees:

In accordance with section 3705.24 of the Ohio Revised Code we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is **\$24.00** per certified copy.

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APPLICATION FOR CERTIFIED COPIES

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:		Today's Date:	
Street Address:		Phone Number:	
City, State, & Zip:		Purchaser's Signature:	

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

Full name on birth or death certificate:							
First		Middle		Last Name/Maiden Name			
Date of Birth: and/or Date of Death:				City and County where event occurred:			
Mother	Full First	Full Middle	Maiden Name	Father	Full First	Full Middle	Last Name

Fee is \$24.00 per certificate cash or check. Debit incurs a \$2.50 fee. Credit incurs a 2.79% fee per

CHARGES: transaction. Checks are payable to DGHD.

Birth:		Number of copies requested: _____ x \$24.00 = \$ _____
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="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 officer <input type="checkbox"/> 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>	Number of copies requested: _____ x \$24.00 = \$ _____
Burial Permit:		\$3.00 \$ _____
Total Amount Due:		\$ _____

MAILING ADDRESS

Send completed application with required fee to:
DGHD
P.O. Box 570
Delaware, Ohio 43015

FOR OFFICE USE ONLY:

Date Issued:	Audit #:
Receipt Number:	Date Received: