



Carroll County 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.

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.

Placing An Order:

For the fastest response, we recommend placing your order in person. See our website at www.carroll-lhd.org, or www.odh.ohio.gov/vs or call our customer service team at (614) 466-2531 for detailed instructions and further explanation of these options.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed, rather than requesting a certified copy of the record.

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, also 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 proceedings, 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 submit satisfactory identification to the registrar or clerk such as a Marriage License, Birth Certificate, Will, and/or Notarized affidavit of relationship.

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 **\$27.00** per certified copy.

Carroll County General Health District

APPLICATION FOR CERTIFIED COPIES

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

Full name on requested record: First Middle Maiden/Last			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)		
Birth Certificate Requests:	Date of Birth:		City/County of Birth:		Please indicate if you are requesting the certificate for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business Number of birth record copies: _____ x \$27.00 = \$ _____
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	First	Middle	Maiden/Last	
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	First	Middle	Maiden/Last	
Death Certificate Requests:	Date of Death:		City/County of Death:		SSN Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Fetal Death Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of death/fetal death record copies: _____ x \$27.00 = Burial Permit: _____ x \$3.00 = \$ _____
	You may request a copy of the death certificate with the Social Security Number included if you are: <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 You must attach a copy of your identification showing you are an authorized requestor.				
Fetal Death Certificate requests should also complete this section					
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 to:

**301 Moody Ave SW
Carrollton, OH 44615**

For Office Use Only:

Order Number:	Date:
State File Number:	Other: