

Monroe County Health Department * Vital Statistics

APPLICATION FOR CERTIFIED COPIES

Check appropriate box

Audit #(s) _____

Birth Certificate - \$25.00

Death Certificate - \$25.00

Initials: _____

IMPORTANT!

Intended for Monroe County Health Department records only. Each copy requested must have the required fee. Enclose check or money order. Must be payable to "Monroe County Health Department" DO NOT SEND CASH.

Notice—Fee overpayment of \$2.00 or less will not be refunded—ORC 3705.24

Please enter the information below regarding the requested certificate.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----------------|-----------------|--------------|
| First Name | | Middle | | Last | |
| Place of Event - County | | City Village or Township | | Date of Event | Age |
| Parents - Mothers First | | | Mother's Maiden | | |
| Father's First | | | Father's Last | | |
| Amount Enclosed \$ <input type="checkbox"/> Check <input type="checkbox"/> Money order <input type="checkbox"/> Cash | | | | Date of Payment | |
| Present Address Street | | City | | State | Zip Code |
| To your knowledge has a copy of this record been obtained before? | | | | | |
| Applicants Signature | | | Date | | Phone () |

DO NOT DETACH

Print name and address of person to whom certificate (s) is (are) to be mailed in the space below. This is a mailing insert and will be used to mail the certified copy which you have requested. When the above application and the name and address in the section below have been completed please send the entire form to the preprinted address below:

| | | |
|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |

Monroe County Health Department
 118 Home Avenue
 Woodsfield, OH 43793
 PH: 740-472-1677

Effective 10/16/09