Kent City Health Department - Vital Statistics Phone: 330-678-8109

APPLICATION FOR CERTIFIED COPIES Fee: $24.00 each

MAIL ORDER

COMPLETE AND SEND THIS APPLICATION WITH PAYMENT TO:

Kent Health Department
P.O. Box 5192
Kent, OH 44240

MUST INCLUDE: SELF-ADDRESSED POSTAGE PAID RETURN ENVELOPE

WALK-INS WELCOME

414 East Main Street
Kent, OH 44240
8:00 a.m. to 4:00 p.m. Mon – Fri
(Last order taken at 3:50 p.m.)
Closed most Holidays

Record Requested: _____ ***Birth*** _____ ***Death*** _____ ***Fetal Death***

RECORD INFORMATION- FULL NAME AS LISTED ON THE RECORD Please Print Clearly:

First:	Middle:	Last Name (as Listed on the Record):	*Name given at birth if since amended*

Date of Birth:	And / Or	Date of Death:	City / County in Ohio where birth or death occurred:

PLEASE COMPLETE BELOW PARENT INFORMATION FOR BIRTH RECORD REQUEST ONLY:

Parent- Full Name at Time of Child's Birth:	Parent- Full Name at Time of Child's Birth:
Person above is the: □ Mother □ Father	Person above is the: □ Mother □ Father
List last name prior to 1st marriage/maiden name:	List last name prior to 1st marriage/maiden name:

PURCHASER'S INFORMATION Please Print Clearly:

Purchaser's Name		Date	
Street Address		Phone#	
City, State, & ZIP		Signature	

CHARGES Please Complete:

Birth	**Is the copy needed for any of the following purposes?** Dual Citizenship, Foreign Passport (not USA's), Out of Country Marriage, Adoption, Court Proceeding or Genealogy: □YES □NO	**Number of birth record copies requested:** _____ x $24.00 = $_____
Death Or Fetal Death	**I request the deceased's Social Security # intact because I am:** □ 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 **You must attach a copy of your identification showing you are an authorized requestor. Applies only to a death in the last 5 years.**	**Number of death record copies requested:** _____ x $24.00 **Plus Burial Permit $3.00 Yes / No** **Total = $_____**

Forms of payment accepted: In person- cash, credit/debit cards, checks.

By mail- check or money order. *Payable to:* Kent City Health Department ***Returned (NSF) checks - $20.00 Fee***

Revised: Dec 2018

CASH / CARD / CK or MO # RECPT# Last First BP / VA AFFS SUPPS