



Fulton County Health Department

Application for Ohio Certified Birth/Death Record Copies

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Fulton County Health Dept.
606 S Shoop
Wauseon, OH 43567
419-337-0915

FOR VITALS OFFICE USE ONLY:

Date: _____ Initials: _____

of Copies: _____ Total: _____

Payment Method: _____

Cert. #: _____

Receipt # _____

APPLICANT INFORMATION (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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

Fee: \$ 23 per copy

(Please make checks/money orders payable to the FCHD, additional fee for Credit/Debit cards)

BIRTH RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (or name after legal adoption/court name change-NOT by marriage):		Date of Birth:
Father's Full Name	Mother's Full Name	Maiden Name
Indicate below ONLY IF requesting the record for any of the following purposes:		# of copies requested:
<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business		

DEATH RECORD INFORMATION (the person on the requested record for Fulton County deaths only)

Full Name:	Date of Death:
If Death occurred LESS THAN FIVE years ago see below:	# of copies requested:
<input type="checkbox"/> No, I do not need the Social Security Number listed on the death certificate Or Yes, I am requesting a copy with the SSN included because I am: <input type="checkbox"/> The deceased's <u>current</u> spouse <input type="checkbox"/> Lineal descendent, ex. child, grandchild, etc. <input type="checkbox"/> A funeral director responsible for disposition of the body and acting on behalf of the deceased <input type="checkbox"/> The deceased's executor, attorney/legal agent, or representative of an investigating govt agency/Veteran's service officer/private investigator/accredited member of the media (Must provide ID and paperwork)	For <u>Funeral Home use only</u> : <input type="checkbox"/> Burial permit requested # _____ <input type="checkbox"/> VA Copy requested