

Application for Certified Copies

- Birth \$27.00 per certificate
- Death \$27.00 per certificate
- Fetal Death \$27.00 per certificate
 - Money order/cashier's check
 - Cash

DO NOT WRITE IN THIS SPACE
Volume number
Certificate number

NO PERSONAL CHECKS ACCEPTED

<input type="checkbox"/> Birth	Name at birth	Date of birth
	Place of birth City/County in Ohio	
	Full maiden name of mother	Full name of father
	Have there been any corrections made to this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Death	Name of deceased	Date of death
<input type="checkbox"/> Fetal Death	Place of death City/County in Ohio	

Important

Enclose fee of \$27.00 per copy. Each request must have the required fee made payable to Allen County Health Department.

NO PERSONAL CHECKS ACCEPTED

Signature of applicant	Telephone
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Your Name		
Address		
City	State	ZIP

Send completed application to:
Allen County Health Department
219 E Market Street
PO Box 1503
Lima, OH 45802-1503