Death Certificate Request Form

Ashland County Health Department Vital Statistics
APPLICATION FOR CERTIFIED COPIES

MAILING ADDRESS
Send completed application with required fee to:

Ashland County Health Department
1211 Claremont Avenue
Ashland, OH 44805

Public Health
Prevent. Promote. Protect.

For Office Use Only:

Order Number:	Date:
State File Number:	Other:

RECORD INFORMATION: *(Information about the person on the requested record)*

Full Name on Requested Record:	If name was changed since birth, indicate new Name:

For Birth Requests, Please Provide the Parents' Information of the Birth Certificate being requested:	Date of Birth:	City/County of Birth:	**Please indicate if you are requesting the certificate for:** □ Dual Citizenship □ Genealogy □ Out of County Marriage □ International Legal Business **Number of Birth Record Copies:** X $25.00
	Mother's Full Name before first Marriage:		
	Father's Full Name:		

| **Death Certificate Requests:** | Date of Death: | City/County of Death: | **SSN Requested?** □ Yes □ No |
| **Fetal Death Certificate requests should also complete this section** | You may request a copy of the death certificate with the Social Security Number included if you are: □ 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) □ 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.* | | **Fetal Death Certificate?** □ Yes □ No **Number of Death/Fetal Death Record Copies:** X $25.00 |

Total Amount Due	$

APPLICANT INFORMATION: *(Information about the person requesting the record)*
Please print clearly as this will be used for your receipt, mailing address and/or future contact to complete your record request.

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