

# APPLICATION FOR CERTIFIED BIRTH/DEATH CERTIFICATE



**Public Health**  
Prevent. Promote. Protect.  
Fairfield Department of Health

**Mail application and fee to:**  
Fairfield Dept of Health-VS  
1550 Sheridan Drive, Suite 100  
Lancaster, OH 43130

**FOR VITALS OFFICE USE ONLY:**  
 Date: \_\_\_\_\_  
 # of Copies: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Pmt Method: \_\_\_\_\_  
 Cert #s: \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED.**

|                               |  |                  |  |
|-------------------------------|--|------------------|--|
| APPLICANT NAME<br>(YOUR NAME) |  | PHONE NUMBER     |  |
| STREET ADDRESS                |  | CITY STATE & ZIP |  |

**\$32 per copy (credit/debit cards add 3% or \$1.50 minimum fee)**

## **BIRTH CERTIFICATE REQUEST** (Information on the **BIRTH** record)

|  |             |                    |                                     |
|--|-------------|--------------------|-------------------------------------|
| <b>NAME AT BIRTH</b> (or name after legal adoption/court name change- <u>NOT</u> by marriage)  |             |                    | DATE OF BIRTH:                      |
| First:   | Middle:     | Last:              | / /                                 |
| MOTHER'S FULL NAME   | MAIDEN NAME | FATHER'S FULL NAME | State of Birth:<br><b>OHIO ONLY</b> |
| <b>Indicate below <u>ONLY IF</u> requesting the record for any of the following purposes:</b><br><input type="checkbox"/> Dual Citizenship in US and a foreign country <input type="checkbox"/> Genealogy (ex. family tree) Research<br><input type="checkbox"/> International marriage or international legal proceedings |             |                    | # of copies requested:<br>_____     |

## **DEATH CERTIFICATE REQUEST** (Information on the **DEATH** record)

|   |       |                          |  |
|---|-------|--------------------------|--|
| <b>NAME AT DEATH:</b>   |       | COUNTY OF DEATH:         | DATE OF DEATH:                                   |
| First:  | Last: | <b>FAIRFIELD CO ONLY</b> | / /  |
| <b>IF DEATH OCCURRED <u>LESS THAN FIVE YEARS</u> AGO SEE BELOW:</b><br><input type="checkbox"/> No, I do not need the Social Security Number included on the death certificate.<br>OR<br>Yes, I am requesting a copy with the SSN included because I am:  |       |                          | # of copies requested<br>_____                   |
| <input type="checkbox"/> The deceased's <b>current</b> spouse (Must provide ID AND proof of marriage)<br><input type="checkbox"/> Lineal descendent, ex. child, grandchild, etc. (Must provide ID AND copy of birth certificate(s))<br><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 media (Must provide ID AND paperwork)<br><input type="checkbox"/> A funeral director responsible for disposition of the body and acting on behalf of the deceased. |       |                          | Burial or Cremation Permit _____<br><br>VA _____ |