



# LOGAN COUNTY HEALTH DISTRICT

## Vital Statistics

### Records Request Instructions

<b>Notice to All Vital Statistics Customers:</b>	Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.
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#### Who Can Order A Record:

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

**Records We Have On File:** Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908. This office also maintains copies of death records filed 1909-present.

#### Placing An Order:

For the fastest response, we recommend placing your order in person.

Office hours are 8:30 a.m. to 4 p.m. Monday thru Thursday and 8:30 a.m. to noon on Fridays. See our website at [www.loganhealth.org](http://www.loganhealth.org).

**Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed rather than requesting a certified copy of the record.**

#### Birth Certificates:

Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

#### Death Certificates and Social Security Numbers:

As of October 15, 2015, for the *first five years after the date of death* the social security number of the deceased will not be included on the death certificate unless the requestor is:

- 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

**Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included and submit satisfactory identification to the registrar or clerk.**

#### Fees:

In accordance with section 3705.24 of the Ohio Revised Code we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth or death record is \$26.00 per certified copy.

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## APPLICATION FOR CERTIFIED COPIES



### RECORD INFORMATION: *(Information about the person you are requesting the record for)*

<b>Name on birth or death certificate:</b>			<b>Last name</b>		
First	Middle		At birth (birth cert) or At death (death cert)		
<b>Date of Birth:</b>		and/or	<b>Date of Death:</b>		<b>City and County where event occurred:</b>
<b>For Birth Certificates</b>	Full First	Full Middle	Maiden or Last Name		
<input type="checkbox"/> Parents					Full First    Full Middle    Maiden or Last Name
<b>Birth:</b>	<b>Please indicate what the certificate is needed for:</b> <input type="checkbox"/> <b>General Purpose</b> (Passport, Work, School) <input type="checkbox"/> OTHER (Genealogy, Dual Citizenship)				<b>Number of copies requested:</b>
					_____ x \$26.00 = \$ _____
<b>Death:</b>	<b>All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:</b> <input type="checkbox"/> The deceased's spouse or decedent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service office <input type="checkbox"/> An accredited member of the media  <b>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</b>				<b>Number of copies requested:</b>
					_____ x \$26.00 = \$ _____
<b>Funeral Home Only:</b>	<b>FUNERAL HOMES ONLY:</b>			DISPOSITION PERMIT _____ x \$3.00 VA COPY _____	
<b>Total Amount Due:</b>					\$ _____

### PURCHASER'S INFORMATION: *(Information about 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.

Purchaser's Name:		Email: optional	
Street Address:		Phone Number:	
City, State, & ZIP:		Purchaser's Signature:	

#### For OFFICE USE ONLY:

Certificate #	Date:	Initials:
Cash/Check	Receipt #	

**MAILING ADDRESS:** *Send completed application with required fee and self-addressed stamped envelope to:*  
 Logan County Health District / Vital Stats  
 310 S. Main St.  
 Bellefontaine, OH 43311  
 937-651-6192