

COSHOCOTON CITY HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED COPIES

400 BROWNS LANE, COSHOCTON, OHIO 43812

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

Full name on birth or death certificate: First Middle Last <i>(if married put Maiden name)</i>			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)		
Date of Birth: and/or Date of Death:			City and County where event occurred:		
<input type="checkbox"/> Mother	Full First Full Middle Maiden Name		<input type="checkbox"/> Father	Full First Full Middle Last Name	

CHARGES: \$25.00 per certified copy

Birth:	If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of copies requested: _____ x \$fee = \$ _____
Death:	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: <input type="checkbox"/> The deceased's spouse or descendent <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 You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.	Number of copies requested: _____ x \$fee = \$ _____
Fetal Death:		Number of fetal death record copies requested: _____ x \$fee = \$ _____
Total Amount Due:		\$ _____

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:		Phone Number:	
Address:		Purchaser's Signature:	

FOR OFFICE USE ONLY:

Order Number:	Date:
Receipt Number	Permit/Other: