Ohio Department of Health · Office of Vital Statistics
Application For Certified Copies

Reason for order

Driver's License		Passport	
Insurance		Genealogy	
School		International Use	
Marriage License		Other	

Mail-in order

Send completed application with required fee to:
Ohio Department of Health,
Vital Statistics
P.O. Box 15098
Columbus, Ohio 43215-0098
(614) 466-2531

Certificate Requested: *(What type of certificate is being ordered)*

Birth Certificate $21.50 per certificate	☐	**Heirloom Birth Certificate** $25.00 per commemorative certificate	☐	**Paternity Affidavit** $7.00 per certified copy	☐
Death Certificate $21.50 per certified copy	☐	**Fetal Death Certificate** $21.50 per certified copy	☐	**Stillbirth Commemorative Abstract** Free to birth parents for stillbirth events taking place after September 26, 2003	☐

Registrant Information: *(Information about the person on the requested record)*

Full name *(for birth, indicate child's full name as shown on original birth record):*		**Date of birth:**
Place of birth/death *(City/County in Ohio):*	**Date of death:**	**CPR stamp number** *(Paternity only):*
Full name of father:	**Full name of mother** *(maiden name prior to first marriage):*	
Have there been any corrections or legal changes made to the information on this certificate? ☐ Yes ☐ No	**If name was changed since birth, indicate new name:**	**Did the stillbirth event occur after 20 weeks or less gestation?** *(Fetal Death/Stillbirth only)* ☐ Yes ☐ No

Charges: *Please include check or money order (**do not send cash**) made payable to "TREASURER, STATE OF OHIO"*

Total number of standard copies or abstracts (birth, death, fetal death):	X $21.50 =	$
Total number of heirloom commemorative birth certificates:	X $25.00 =	$
Total number of paternity affidavits:	X $7.00 =	$
Refunds will be issued only for orders where a certified document cannot be issued, and may be subject to search fees. Overpayment of $2.00 or less will not be refunded.	**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 for future contact to complete your record request.

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

HEA 2709 (Rev. 06/11)