

**MAILING ADDRESS***Send completed application with required fee to:*

**ADAMS COUNTY HEALTH DEPARTMENT**  
**560 Rice Drive**  
**West Union, Ohio 45693**

**For Office Use Only:**

<b>Order Number:</b>	<b>Date:</b>
<b>State File Number:</b>	<b>Other:</b>

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

<b>Name on Birth Certificate</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>If name was changed since birth:</b>
	<b>Date of Birth:</b>			<b>Place of Birth (City/County)</b>
<input type="checkbox"/> <b>Mother:</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>	
<input type="checkbox"/> <b>Parent:</b>				
<input type="checkbox"/> <b>Father:</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<input type="checkbox"/> <b>Parent:</b>				

***Valid Identification is Required*****Death Record Information:** *(Information about the person on the requested record)*

<b>Name on Death Certificate:</b> <i>(Full name as it appears on the certificate)</i>	<b>Place of Death (County)</b>
<b>Date of Death:</b>	<b>Social Security Number Requested:</b>
	<b>Yes</b> <b>No</b>

All death certificates will be issued without a social security number unless identification is provided confirming you are an authorized requestor along with a copy of a valid identification.

<b>Number of certificates requested:</b> _____ x \$ 30.00 = \$ _____
<b>Total Amount Due:</b> \$ _____

<b>Payment Accepted:</b> Cash, Credit Card/ Debit Card, Money Order, Checks
<b>Make Checks and Money Orders out to ACHD</b>

**Purchaser's Information:** *(Information about the person requesting the record)*

<b>Purchaser's Name:</b> (Please Print)			
<b>Street Address:</b>		<b>Phone Number</b>	
<b>City, State &amp; Zip:</b>		<b>Purchaser's Signature</b>	