



# 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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## **Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908 and an index of all death records filed in Ohio after January 1, 1964. This Vital Statistics office also maintains copies of death records filed **January 1910**. For requests of recent vital events, please note it can take up to three months for a record to be registered.

## **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.

## **Placing An Order:**

**For the fastest response, we recommend placing your order in person. See our website at [adamscountyhealth.org](http://adamscountyhealth.org), or call our office at 937-544-5547 for detailed instructions and further explanation of these options.**

**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, death, or fetal death record is **\$25.00. We accept cash, money orders, checks and debit/credit cards (American Express, Discover, Visa, Mastercard).**



## MAILING ADDRESS

Send completed application with required fee to:

**ADAMS COUNTY HEALTH DEPARTMENT**  
**923 Sunrise Ave.**  
**West Union, Ohio 45693**

## For Office Use Only:

Order Number:	Date:
State File Number:	Other:

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

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

***Valid Identification is Required***

## Death Record Information: (Information about the person on the requested record)

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

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.

Number of certificates requested: _____ x \$ 25.00= \$ _____
<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)

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

