Adams County Health Department
Public Health
Prevent. Promote. Protect.

Vital Statistics Divison
560 Rice Drive
West Union, Ohio 45693
Phone: (937)544-5547
Fax: (937)544-3035

Adams County Health Department

Application for Ohio Certified Birth & Death Record Copies

MAIL COMPLETED APPLICATION WITH THE REQUIRED FEE TO:
Adams County Health Department
560 Rice Drive
West Union, OH 45693

☐ Birth Certificate
☐ Death Certificate
$25.00 per certified copy

APPLICANT INFORMATION (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:		Phone Number:	
Street Address:		Signature of Applicant:	
City, State, & Zip:			

BIRTH RECORD INFORMATION (the person on the requested record for Ohio births only)			
Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
☐ Mother ☐ Father ☐ Parent		☐ Mother ☐ Father ☐ Parent	Name Before First Marriage:

DEATH RECORD INFORMATION (information about the person on the requested record)	
Name On Death Certificate (full name as it appears on the certificate):	Place of Death (County):
Date of Death:	Social Security Number Requested: ☐ Yes ☐ No

FEES (Please make checks / money orders payable to the ACHD — *Also accepted* — Cash, Credit Card)

Please Indicate the Reason for Requesting this Birth Record:

- ☐ Dual Citizenship
- ☐ Genealogy
- ☐ International Legal Business
- ☐ Out of Country Marriage
- ☐ Driver's License
- ☐ Passport
- ☐ School
- ☐ Work Permit

Number of Birth Record Copies:
_____ x $25.00 = $_____

Number of Death Record Copies:
_____ x $25.00 = $_____

Total Amount Due: $_____

Office Use Only:
Date: # of Copies: State File #: Initials:

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