

MAILING ADDRESS

Send completed application with required fee to:

ADAMS COUNTY HEALTH DEPARTMENT**560 Rice Drive****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	If name was changed since birth:
	Date of Birth:			Place of Birth (City/County)
<input type="checkbox"/> Mother: <input type="checkbox"/> Parent:	First Name Name	Middle Name	Maiden	
<input type="checkbox"/> Father: <input type="checkbox"/> Parent:	First Name Name	Middle Name	Last	

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

Name on Death Certificate: <i>(Full name as it appears on the certificate)</i>	Place of Death (County)
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 = \$ _____
Total Amount Due: \$ _____

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

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

Purchaser's Name: (Please Print)			
Street Address:		Phone Number	
City, State & Zip:		Purchaser's Signature	