



# HANCOCK PUBLIC HEALTH

## Vital Statistics

### Records Request Instructions

**Notice to All  
Vital Statistics  
Customers:**

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.

**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:**

Walk-in Service: Monday: 9:30 AM to 4:00 PM, Tuesday – Friday: 8:30 AM to 4:00 PM, Cash, check, or debit and credit cards with an additional service charge accepted in office.

Mail Requests: Please mail a completed and signed Application for Certified Copies and payment (check or money order only) to the address on the request form.

Online Requests: [www.vitalcheck.com](http://www.vitalcheck.com) – Select FINDLAY as the EVENT CITY and HANCOCK COUNTY HEALTH DEPARTMENT as the PROCESSING AGENCY. All major credit cards accepted.

See our website at [www.hancockpublichealth.com](http://www.hancockpublichealth.com) or call the health department at (419) 424-7106 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. Please contact the health department at 419-424-7106 for acceptable forms of identification.**

**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 \$30 per certified copy.

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## APPLICATION FOR CERTIFIED COPIES

### RECORD INFORMATION: *(Information about the person you are requesting the record for)*

Full name on birth or death certificate: First                      Middle                      Maiden/Last			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)		
Date of Birth:              and/or              Date of Death:			City and County where event occurred:		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First    Full Middle    Maiden or Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First    Full Middle    Maiden or Last Name		
<b>CHARGES: \$30 per certified copy.</b> Make check or money order payable to: <b>HANCOCK PUBLIC HEALTH.</b> A certified bank check or money order is required for an out of state request. <b>*** \$25 Charge for Returned Checks***</b>					
<b>Birth:</b>	If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business			Number of copies requested:  _____ x \$30 = \$ _____	
<b>Death:</b>	All death certificates will be issued <b>without a social security number</b> unless identification is provided confirming you are one of the below listed authorized requestors: <input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service office <input type="checkbox"/> An accredited member of the media <b>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</b>			Number of copies requested:  _____ x \$30 = \$ _____	
<b>Fetal Death:</b>				Number of fetal death record copies requested:  _____ x \$30=\$ _____	
<b>Total Amount Due:</b>				<b>\$ _____</b>	

### PURCHASER'S 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.

Purchaser's Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Purchaser's Signature:	

### FOR OFFICE USE ONLY:

Audit Number:	Date:
State File Number:	Initials of Issuer:

### MAILING ADDRESS

*Send completed application with required fee to:*

**HANCOCK PUBLIC HEALTH**  
**2225 KEITH PARKWAY**  
**FINDLAY, OHIO 45840**