Bureau of Vital Statistics

Application for Ohio Certified Birth or Death Record

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Shelby City Health Department
43 West Main St.
Shelby, Ohio 44875
(419) 342-5226

Please indicate below which Record is needed

______ **Birth Certificate - $25.00**

______ **Death Certificate - $25.00**

______Stillbirth Abstract
(No Cause of Death) Free to birth parents.

______ Fetal Death Certificate
(Cause of Death shown) $25.00.

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:		Street Address:	
City, State:		Phone Number:	

RECORD INFORMATION (the person on the requested record)			
Full Name (Full name at time of Birth or Death):			
Date of Birth:	Date of Death:	City and County Where the Birth or Death Occurred:	
○ Mother	**Maiden Name** - Name Before First Marriage:	○ Father	**Full Name**

This Box is for Death Record only ❒ No, I do not need the Social Security Number included. ❒ Yes, I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.)	Number of Copies: ____________________
FETAL DEATH OR STILLBIRTH - ***(Please note stillbirth abstracts are free to birth parents only)*** :	
Did the stillbirth event occur at 20 weeks or less gestation? *(This information will help us determine how the record has been filed.)* ❒ Yes ❒ No	❒ Free Stillbirth Abstract Number of Fetal Death Copies: ____________________
Payment accepted: Cash, Check made payable to Shelby City Health Department, Or Credit/Debit Card adds an additional 3%	
BELOW THIS LINE IS OFFICE USE ONLY	
DATE: ________________ SECURITY PAPER # ______________________________	$____________________