

Kenton-Hardin County Health Department 175 W. Franklin St., Suite 120 Kenton OH 43326  
 Office: 419-673-6230 Fax: 419-673-8761

## APPLICATION FOR CERTIFIED COPIES

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

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Full name on birth or death certificate:</b><br>First                      Middle    Last (Maiden) |  |  | If name was changed since birth, indicate new name:<br>(i.e. adoption, legal name change, paternity, etc.) |  |  |
| <b>Date of Birth:</b> OR <b>Date of Death:</b>  |  | <b>City and County where event occurred:</b> |  |  |  |
| <input type="checkbox"/> <b>Mother</b><br>or<br><input type="checkbox"/> <b>Parent</b>  | Full First    Full Middle    Last name prior to 1 <sup>st</sup> Marriage   |  | <input type="checkbox"/> <b>Father</b><br>or<br><input type="checkbox"/> <b>Parent</b>                     | Full First    Full Middle    Last Name |  |
| <b>CHARGE: \$27</b> Please circle payment type: <b>Cash</b> (Check made out to KHHD) <b>Credit/Debit Card (Add \$1.)</b>                        |  |  |  |  |  |
| <b>Birth:</b>   | <b>If you do not need a birth certificate for any of the following reasons, skip this section.</b> Otherwise please indicate what the certificate is needed for:<br><input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> General Use<br><input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business  |  |  |  | <b>Number of copies requested:</b><br><br>_____                    |
| <b>Death:</b>   | <b>All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:</b><br><input type="checkbox"/> The deceased's spouse or descendent<br><input type="checkbox"/> The deceased's executor, attorney, or legal agent<br><input type="checkbox"/> A representative of investigative government agency<br><input type="checkbox"/> A private investigator<br><input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family<br><input type="checkbox"/> A veteran's service office<br><input type="checkbox"/> An accredited member of the media<br><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> |  |  |  | <b>Number of copies requested:</b><br><br>_____                    |
| <b>Fetal Death:</b>   |  |  |  |  | <b>Number of fetal death record copies requested:</b><br><br>_____ |

**For Veterans** - If a certified copy of a birth or death certificate is required by the Veterans's Administration, one free certified copy of the record can be provided. Veterans copies must be requested using a veteran's request form. The veterans request form must be signed by the Veterans Administration or funeral director who has knowledge of proof of service in the military.

### 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:     |                        |        |  |
| City, State, & ZIP: | Purchaser's Signature: |        |  |

**FOR OFFICE USE ONLY:**    Initials \_\_\_\_\_    Date: \_\_\_\_\_    Type of Payment: \_\_\_\_\_

Audit # \_\_\_\_\_