

# VITAL STATISTICS

## APPLICATION FOR CERTIFIED COPIES



**AUGLAIZE COUNTY**  
HEALTH DEPARTMENT

*prevent. promote. protect.*

**Walk-in service** (allow 15 minutes):  
(8:00 AM – 4:00 PM, Mon–Fri)  
Auglaize Co Health Department  
Vital Statistics  
214 S. Wagner St.  
Wapakoneta, OH 45895

**Mail:** process upon receipt & mail same day  
send application & \$22.00 fee (money order)  
Auglaize Co Health Department  
Vital Statistics  
214 S. Wagner St.  
Wapakoneta, OH 45895

**Phone Orders:** Call 419-738-3410  
(\$22.00 + \$7.00 processing fee)  
UPS next day available - extra fee  
**Order Online:** [www.auglaizehehealth.org](http://www.auglaizehehealth.org)  
Vital Statistics via Vital Chek link  
(\$22.00 + \$7.00 processing fee)

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

<b>Full name on birth or death certificate:</b> First Middle Maiden/Last			<b>If name was changed since birth, indicate new name:</b> (i.e. adoption, legal name change, paternity, etc.)				
<b>Date of Birth:</b> _____		<b>and/or</b>	<b>Date of Death:</b> _____		<b>City and County where event occurred:</b> _____		
<input type="checkbox"/> <b>Mother</b>	Full First	Full Middle	Maiden or Last Name	<input type="checkbox"/> <b>Mother</b>	Full First	Full Middle	Maiden or Last Name
<input type="checkbox"/> <b>Father</b>				<input type="checkbox"/> <b>Father</b>			
<input type="checkbox"/> <b>Parent</b>				<input type="checkbox"/> <b>Parent</b>			

**CHARGES:** \$22.00 each cash or money order Credit cards accepted with a convenience fee

<b>Birth:</b>	<p><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:</p> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business	<p><b>Number of copies requested:</b></p> <p>_____ x \$22 = \$ _____</p>
<b>Death:</b>	<p><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></p> <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 <p><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></p>	<p><b>Number of copies requested:</b></p> <p>_____ x \$22 = \$ _____</p>
<b>Fetal Death:</b>		<p><b>Number of fetal death record copies requested:</b></p> <p>_____ x \$22 = \$ _____</p>
<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.

<b>Purchaser's Name:</b>		<b>Email:</b>	
<b>Street Address:</b>		<b>Phone Number:</b>	
<b>City, State, &amp; ZIP:</b>		<b>Purchaser's Signature:</b>	