



**Defiance County General Health District**  
**Vital Statistics**  
**Records Request Instructions**

<b>Notice to All Vital Statistics Customers:</b>	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.
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**Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908 and an index of all death records filed in Ohio after January 1, 1964. This Vital Statistics office also maintains copies of death records filed after December 20, 1908. For requests of recent vital events, please note it can take up to 4 weeks or more for a record to be registered.

**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:**

**For the fastest response, we recommend placing your order in person. See our website at [defiancecohealth.org](http://defiancecohealth.org) or call our office at 419-784-3818 for detailed instructions.**

**Please complete one application form for each record or search requested. Please submit your applications with all available identifying information.**

**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.**

**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 \$25

# Defiance County General Health District Vital Statistics

## APPLICATION FOR CERTIFIED COPIES

Defiance County



Public Health

Date:

**Walk-in service: Mon - Fri 8:30 am - 4:15 pm**

**MAILING ADDRESS** *Send completed application with required fee to:*  
**Defiance Co General Health District**  
**1300 E 2<sup>nd</sup> St. Suite 100**  
**Defiance OH 43512**

**RECORD INFORMATION** *(Information about the person on the requested record)*

Full name or Adopted/Legal name change <i>(if applicable)</i> :		Name at Death:	
Date of Birth:	Date of Death:	City and County where event occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage (BIRTH requests only):	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage (BIRTH requests only):

**Our office accepts in person: cash or personal check (from an Ohio Bank with photo ID)**

**CHARGES:** *For orders by mail: Please include Cashier's check or money order (do not send cash) made payable to:*

Defiance County General Health District **(MUST INCLUDE A SELF ADDRESSED STAMPED ENVELOPE)**

<b>Birth:</b>	<b>Please indicate preference:</b> <input type="checkbox"/> Abstract (Standard Issue unless Long form requested) <input type="checkbox"/> Long Form (needed for International Legal Business or Genealogy ie: Adoptions)	<b>Number of birth record copies:</b> _____ x \$25 = \$ _____
<b>Death:</b>	I am requesting a copy with the SSN included because I am: <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 officer <input type="checkbox"/> An accredited member of the media <b>You must attach a copy of your identification showing you are an authorized requestor.</b>	<b>Number of death record copies:</b> _____ x \$25 = \$ _____
<b>Total Amount Due:</b>		<b>\$</b> _____

**APPLICANT INFORMATION** *(Information about the person requesting the record)*

Please print clearly to complete your record request.

Applicant Name:	Phone Number:
Street Address:	Signature of Applicant:
City, State, & ZIP:	<b>OFFICE USE ONLY</b> Security Paper #