



Lucas County Health Department

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.

Date of Birth: _____	Full Birth Name: First Name Middle Name Last Name at Birth _____ Mother/Parent: First Name Middle Name Last Name at Birth _____ Father/Parent: First Name Middle Name Last Name at Birth _____ City and County of Birth: _____	If your name has changed other than by marriage...Please list the name below: _____ Number of birth record copies: _____ x \$25.00 = \$ _____
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Date of Death: _____ Fetal Death Date: _____	Decedent: First Name Middle Name Last Name _____ Location of death: _____ If you require a death certificate with the SSN included, you are required to present a valid driver's license or State issued photo ID as well as proof as to why you need the SSN on the certified certificate. <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 You must attach a copy of your identification showing you are an authorized requestor.	Number of death record copies: _____ x \$25.00 = \$ _____ Burial Permit Requested: _____ Yes _____ No _____ N/A
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Total Amount Due: \$ _____

BUYER'S INFORMATION:

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:		Today's Date:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	
Method of payment:	Cash CC* Check Phone Order	E-mail address:	

*VISA, Mastercard and Discover only accepted