

Office of Vital Statistics
940 London Ave, Ste 1100
Marysville, OH 43040
Ph (937) 642-2053
Fx (937) 645-3047
www.uchd.net



Application for Certified Copies

The following information is about the person completing this application:

Your Name	Today's Date
Your Street Address	Your City, State, Zip
Your Signature	Your Telephone #

Record you are requesting:

Birth Record # Requested - \$22.00 each

First Name	Middle Name	Last Name <i>(at birth)</i>
Date of Birth		
County of Birth <i>(OHIO only)</i>		
Mother's First Name	Mother's Maiden Name <i>(before marriage)</i>	
Father's First Name	Father's Last Name	

Death Record # Requested - \$22.00 each

First Name of Deceased	Middle Name of Deceased	Last Name of Deceased
Date of Death		
Place of Death <i>(Union County only)</i>		

Method of Payment

Cash Check (with State ID/driver's license) payable to Union County Health Department Credit/Debit Card (Visa or MasterCard)

***Please include a self-addressed, stamped envelope if requesting by mail.

Office Use Only

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ODH Audit # _____

Receipt # _____

Electronic Payment Approval Code _____

Processed by _____