



MERCER COUNTY
HEALTH DISTRICT

Vital Statistics
APPLICATION FOR
CERTIFIED COPIES

Birth Certificate \$28.00 per certified copy		Death Certificate \$28.00 per certified copy	
Fetal Death Certificate \$28.00 per certified copy			

MAILING ADDRESS

Send completed application with required fee to:

220 W Livingston St. B152
Celina, OH 45822

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

Full name <i>(for birth, indicate child's full name as shown on the original birth record):</i>		If name was changed since birth, indicate new name:	
Date of Birth:	Date of Death:	City and County where event occurred:	
Mother/Parent name before first marriage:		Father/Parent name before first marriage:	

APPLICANT 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	
Relationship to Individual:		OFFICE USE ONLY Audit #'s:	

CHARGES *Credit Card Convenience Fee based on price per copy 1 copy=\$1.50, 2-3 copies = \$2.50, 4-7 copies = \$5.00*

Birth:	<p>Please indicate if you are requesting the certificate for any of the following purposes:</p> <p><input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy</p> <p><input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business</p>	<p>Number of birth record copies:</p> <p>_____ x \$28 = \$ _____</p>
Death:	<p>I am requesting a copy with the SSN included because I am:</p> <p><input type="checkbox"/> The deceased's spouse, or lineal descendant</p> <p><input type="checkbox"/> The deceased's executor, attorney, or legal agent</p> <p><input type="checkbox"/> A representative of an investigative government agency</p> <p><input type="checkbox"/> A private investigator</p> <p><input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family</p> <p><input type="checkbox"/> A veteran's service officer</p> <p><input type="checkbox"/> An accredited member of the media</p> <p>You must attach a copy of your identification showing you are an authorized requestor.</p>	<p>Number of death record copies:</p> <p>_____ x \$28 = \$ _____</p>
Fetal Death:		<p>Number of fetal death record copies:</p> <p>_____ x \$28 = \$ _____</p>
Total Amount Due: <i>(please make checks payable to Mercer County Health District)</i>		<p>\$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit</p>