

Alliance City Health Department Vital Statistics

APPLICATION FOR CERTIFIED COPIES

MAILING ADDRESS

Send completed application with required fee to:

537 E. Market St.
Alliance Ohio, 44601

For Office Use Only:

Order Number:	Date:
State File Number:	Payment Type:

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

Full name on requested record:		If name was changed since birth, indicate new name:	
Birth Certificate Requests:	Date of Birth:	City/County of Birth:	
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	
	Select One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full name before first marriage:	
			Please indicate if you are requesting the certificate for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business
			Number of birth record copies: _____ x \$25.00 = \$ _____
Death Certificate Requests:	Date of Death:	City/County of Death:	
	You may request a copy of the death certificate with the Social Security Number included if you are: CHECK ONE: <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.		
Fetal Death Certificate requests should also complete this section			SSN Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Fetal Death Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Number of death/fetal death record copies: _____ x \$25.00 = \$ _____
Total Amount Due:			\$ _____

PLEASE NOTE: WE DO NOT ACCEPT OUT OF STATE PERSONAL CHECKS. PLEASE SEND MONEY ORDER INSTEAD

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: