



## Erie County Health Department Office of Vital Statistics Application for Certified Copies

**Walk-in Service:**

Monday – Friday, 8:00 a.m. – 5:00 p.m.  
 Erie County Health Department  
 420 Superior Street  
 Sandusky, Ohio 44870  
 Telephone: (419) 626-5623, Ext. 5122  
 Website: www.eriecohealthohio.org

**Mail/Email:**

Send completed application with credit/debit information or money order (personal checks are not accepted) to:

**Erie County Health Department  
 420 Superior Street  
 Sandusky, Ohio 44870  
 Email Request:  
 (credit/debit only)  
 vsdc@echdohio.org**

<b>This space for office use only.</b>
<b>State File #</b>
<b>Certificate #</b>
<b>Date Received</b>

**Registrant Information:** (Information about person whose vital record is being requested.)

<input type="checkbox"/> <b>Birth</b> \$25.00 per certified copy <input type="checkbox"/> <b>Death</b> \$25.00 per certified copy <input type="checkbox"/> <b>Fetal Death</b> \$25.00 per certified copy	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Full Name:</td> </tr> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Place of Birth/Death (City, County in Ohio):</td> <td style="width: 40%; border-bottom: 1px solid black;">Date of Birth/Death:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Full Maiden Name of Mother (Prior to first marriage):</td> <td style="border-bottom: 1px solid black;">Full Name of Father:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Please indicate any corrections or legal changes made to certificate:</td> </tr> </table>	Full Name:		Place of Birth/Death (City, County in Ohio):	Date of Birth/Death:	Full Maiden Name of Mother (Prior to first marriage):	Full Name of Father:	Please indicate any corrections or legal changes made to certificate:	
Full Name:									
Place of Birth/Death (City, County in Ohio):	Date of Birth/Death:								
Full Maiden Name of Mother (Prior to first marriage):	Full Name of Father:								
Please indicate any corrections or legal changes made to certificate:									

**Charges:**

<b>Total number of copies of birth, death or fetal death:</b>	x \$25.00 =	\$
	<b>Total</b>	\$

For mail orders, please include credit/debit card information # \_\_\_\_\_, expiration date \_\_\_\_\_ or money order (do not send cash) made payable to “Erie County Health Department.” Personal checks are not accepted.

<b>Signature of Applicant:</b>	
<b>Phone Number:</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.

**Applicant Information:** (Please print clearly as this address will be used for mail order delivery.)

<b>Applicant Name:</b>	
<b>Street Address</b>	
<b>City, State, &amp; Zip Code</b>	