

Cleveland Department of Public Health

APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION: *(Information about the person you are requesting the record for)*

Full name on birth OR death certificate: <u>First</u> <u>Middle</u> <u>Maiden/Last</u>			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)		
Date of Birth: AND/OR Date of Death:		City and County where event occurred:			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	<u>Full First</u>	<u>Full Middle</u>	<u>Maiden or Last Name</u>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	<u>Full First</u> <u>Full Middle</u> <u>Maiden or Last Name</u>
Birth	Do you need a birth certificate for any of these reasons?				Number of copies requested:
	<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> None of these <input type="checkbox"/> International Legal Business				_____ x \$25 = \$_____
Death	All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:				Number of copies requested:
	<input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of 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 office <input type="checkbox"/> An accredited member of the media You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.				_____ x \$25 = \$_____ VA copy requested: _____ # of affidavit copies requested: _____ # of supplemental copies requested: _____ Burial permit requested: _____ x \$3 = \$_____
Fetal Death					Number of copies requested: _____ x \$25 = \$_____ Burial permit requested: _____ x \$3 = \$_____
Total Amount Due:					\$ _____
In person, we accept cash, check, money order, or credit card. By mail, we accept check or money order.					

PURCHASER'S 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.

Purchaser's Name:	Phone Number:
Street Address:	Purchaser's Signature:
City, State, & ZIP:	

MAILING ADDRESS

Send completed application with required fee to:

Office of Vital Records
 601 Lakeside Ave, Rm 122
 Cleveland, OH 44114

FOR OFFICE USE ONLY:

Order Number:	Date:
State File Number:	Permit/Other: