

# APPLICATION FOR CERTIFIED COPIES



**Public Health**  
Prevent. Promote. Protect.

## Carroll County General Health District

301 Moody Avenue, S.W.

P. O. Box 98

Carrollton, Ohio 44615

Phone: 330-627-4866

Fax: 330-627-9120

*Thomasine Moore, Registrar – Corinne Ren, Deputy Registrar*

### REGISTRANT INFORMATION: *(information about person whose vital record is being requested)*

<b>Birth</b> \$27.00 per certified copy or abstract  <b>Death</b> \$27.00 per certified copy  <b>Fetal death</b> \$27.00 per certified copy	Full name:	
	Place of birth/death <i>(City/County in Ohio)</i> :	Date of birth/death:
	Full maiden name of mother <i>(prior to first marriage)</i> :	Full name of father:
	Please indicate any corrections or legal changes made to certificate:	

<b>Burial/Cremation Permit(s):</b>	<input checked="" type="checkbox"/> \$3.00	\$
<b>Total number of copies or abstracts (birth, death, fetal death):</b>	<input checked="" type="checkbox"/> \$27.00 =	\$
	<b>TOTAL AMOUNT DUE:</b>	\$

For mail orders, please include check or money order (do not send cash) made payable to: "Carroll County General Health District".

<b>Signature of Applicant:</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.
<b>Phone Number:</b>	(      )      -	

### 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>	

<b>This space for office use only</b>
Certificate #:
Check #: