



Galion City Health Department Vital Statistics Records Request Instructions

Notice to All Vital Statistics Customers:	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.
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Who Can Order A Record:

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

Placing An Order:

For the fastest response, we recommend placing your order in person. For more information see our website at www.galionhealth.org/VitalStatistics or www.odh.ohio.gov/vs or call our customer service team at (419) 468-1075 extension 1260 or (614) 466-2531 for detailed instructions and further explanation of these options.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed rather than requesting a certified copy of the record.

Birth Certificates:

Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

Death Certificates and Social Security Numbers:

As of October 15, 2015, for the *first five years after the date of death* the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased's spouse or lineal descendant
- The deceased's executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
- A veteran's service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included and submit satisfactory identification to the registrar or clerk.

Fees:

In accordance with section 3705.24 of the Ohio Revised Code we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is \$25 per certified copy. **We only accept OHIO CHECKS and money orders by mail.**

You must send a self-addressed, stamped envelope for return shipping or the record will be held for pick-up only.

Galion City Health Department

APPLICATION FOR CERTIFIED COPIES



1. RECORD INFORMATION: *(Information about the person whose record you are requesting)*

Full name on birth or death certificate: Full First _____ Full Middle _____ Last Name (prior to first marriage for birth requests) _____		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: _____		
For Birth Record Requests, Complete Below for Each Parent Listed on the Record		
<input type="checkbox"/> Mother Full First _____ Full Middle _____	<input type="checkbox"/> Father Full First _____ Full Middle _____	<input type="checkbox"/> Parent Last Name (prior to first marriage) _____
<input type="checkbox"/> Mother Full First _____ Full Middle _____	<input type="checkbox"/> Father Full First _____ Full Middle _____	<input type="checkbox"/> Parent Last Name (prior to first marriage) _____

2. CHARGES:

We accept cash (walk-in only), **Ohio checks**, and money orders. Make check/money order payable to Galion City Health Department

Birth:	If you do not need a birth certificate for any of the following reasons, skip to next box. Otherwise, please indicate what the certificate is needed for: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of copies requested: _____ x \$25 = \$ _____
Death:	If death occurred in the <u>last five years</u>, the decedent's social security number will be redacted unless it is specifically requested AND the purchaser provides proof he/she is an authorized requestor along with a valid state photo ID. If the death was over five years ago, skip to next box. <input type="checkbox"/> SSN Redacted (Not Visible) <input type="checkbox"/> SSN Visible on record (If checked, you must confirm to which of the below listed authorized requestor groups you belong and provide proof) <input type="checkbox"/> The deceased's spouse or lineal 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 employee <input type="checkbox"/> An accredited member of the media	Number of copies requested: _____ x \$25 = \$ _____
Fetal Death:		Number of copies requested: _____ x \$25 = \$ _____
Total Amount Due:		\$ _____

3. 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:		Email: (optional)	
Street Address:		Phone Number:	
City, State, & ZIP:		Purchaser's Signature:	Today's Date

MAILING ADDRESS

Send completed application with required fee

AND a stamped, self-addressed return envelope to:

**113 Harding Way East
Galion, OH 44833**

(Rev: 1/2020)

FOR OFFICE USE ONLY:

Receipt #:	Issued/Reviewed By:

Questions? Call 419-468-1075 ext. 1260