

# JEFFERSON COUNTY HEALTH DEPARTMENT

## APPLICATION FOR CERTIFIED COPIES

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

<b>Full name on birth or death certificate:</b> First                      Middle                      Maiden/Last			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"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b>	Full First    Full Middle    Maiden or Last Name	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent</b>	Full First    Full Middle    Maiden or Last Name		

### CHARGES:

WE ACCEPT CASH, CHECK, MONEY ORDER, OR CREDIT CARD-FEE CHARGED

<b>Birth:</b>	If you do not need a birth certificate for any of the following reasons, skip this section. 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 <b>\$28.00</b> = \$ _____
<b>Death:</b>	<b>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:</b> <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 <b>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</b>	Number of copies requested:  _____ x <b>\$28.00</b> = \$ _____  <b>Burial Permit</b> _____ x <b>\$10.00</b> = _____
<b>Fetal Death:</b>		Number of fetal death record copies requested: _____ x <b>\$28.00</b> = \$ _____
<b>Total Amount Due:</b>		\$ _____

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

### MAILING ADDRESS

*Send completed application with required fee to:*

**Jefferson County Health Department**  
**500 Market Street, 6<sup>th</sup> Floor**  
**Steubenville OH 43952**

### FOR OFFICE USE ONLY:

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