Portsmouth City Health Department □ Vital Statistics

APPLICATION FOR CERTIFIED COPIES

Birth Certificate $25.00 per certified copy		Death Certificate $25.00 per certified copy	
Fetal Death Certificate $25.00 per certified copy			

MAILING ADDRESS

Send completed application with required fee to:

605 Washington Street
Portsmouth, Ohio 45662

RECORD INFORMATION *(Information about the person on the requested record)*

Full name *(for birth, indicate child's full name as shown on the original birth record):*			**If name was changed since birth, indicate new name:**
Date of Birth:	**Date of Death:**	**City and County where event occurred:**	
☐ Mother ☐ Father ☐ Parent	**Name before first marriage:**	☐ Mother ☐ Father ☐ Parent	**Name before first marriage:**

CHARGES *Please include **money order** (**do not send cash**) made payable to "Portsmouth City Health Department".*

Birth:	**Please indicate if you are requesting the certificate for any of the following purposes:** □ Dual Citizenship □ Genealogy □ Out of Country Marriage □ International Legal Business	**Number of birth record copies:** ______ x $25.00 = $__________
Death:	I am requesting a copy with the SSN included because I am: □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 **You must attach a copy of your identification showing you are an authorized requestor.**	**Number of death record copies:** ______ x $25.00 = $__________
Fetal Death:		**Number of fetal death record copies:** ______ x $25.00 = $__________
	Total Amount Due:	**$**__________________

APPLICANT 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	