Kent City Health Department
Death Certificates
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. |

Records We Have On File:
This Vital Statistics office maintains copies of death records filed from 1909-present.

Who Can Order A Record:
Vital records (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. Please carefully complete one application form for each record or search requested. Please submit your applications with all requested identifying information.

Death Certificates in Person: on an emergency basis only – please call 330-678-8109 to be considered for this option

Death Certificates by mail:
Please carefully complete the attached “Application for Certified Death Certificates.” Mail to: Kent City Health Dept. 201-G E. Erie St., Kent, Ohio 44240. Be sure to include your preferred method of payment and a self-addressed stamped envelope. Mail orders cost $24 each and are normally turned around the same day as received. You may choose to pay by check, money order or debit or credit card.

Funeral Homes- Death Certificates by Email and E-File:
You may email your original signed death certificate and/or application for a certified copy to: kentvitalstats@kent-ohio.org If you are E-filing a death certificate please be sure it is of near original quality, legible and fully complete or it will be rejected. Please do not include your credit card number on the application form, you will receive an email that we have received your order and have verified your information and you will need to call us at 330-678-8109 with your credit card number. If you do not receive an email from us within 24 hrs. we may not have received your request. There is a $1.00 convenience fee for this option unless you make arrangements to pick up your copies.

Death Certificates and Social Security Number:
As of October 15, 2015, for the first five (5) 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 it on their application, and submit satisfactory identification to our office.

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 death or fetal death record is $24.00 each. Please make all checks and money orders payable to: Kent City Health Department.
APPLICATION FOR CERTIFIED DEATH CERTIFICATES: Fee $24.00 each

MAIL ORDER
COMPLETE AND SEND THIS APPLICATION WITH PAYMENT TO:
Kent City Health Department
201 – G East Erie Street
Kent, OH 44240
8:00 a.m. to 4:00 p.m. Mon – Fri

MAIL ORDERS MUST INCLUDE: SELF- Addressed POSTAGE PAID RETURN ENVELOPE – IF YOU DO NOT INCLUDE A POSTAGE PAID ENVELOPE YOU WILL BE CHARGED A $1.00 CONVENIENCE FEE

FUNERAL HOMES: EFILE & EMAIL REQUESTS: KENTVITALSTATS@KENT-OHIO.ORG

DEATH RECORD INFORMATION Please Print Clearly

First:__________________________ Middle: ______________________ Last Name (as listed on Death Record):
________________________________________

Date of Death: __________________________

What City in Portage County did Death occur?
□ A veteran’s service officer
□ An accredited member of the media
□ None of the above

Social Security # intact YES or NO because I am:
□ The deceased’s spouse, or lineal descendant (husband, wife, child, grandchild)
□ 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

PURCHASER’S INFORMATION Please Print Clearly:

Purchaser Name ___________________________ Date ________________
Street Address __________________________________________
Phone# ____________________________
City, State, & ZIP ________________________________________
Signature ____________________________________________

CHARGES Please Complete:

Payment Options:
Credit/Debit Check Money Order

Debit / credit #
EXP: ___________/ __________
MM YY CVV

Number of copies requested:

Total $______________________
Make check or money orders payable to: Kent City Health Department
 Returned (NSF) checks - $20.00 Fee