



# Kent 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.

**Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908. This Vital Statistics office also maintains copies of death records filed 1909-present. For requests of recent vital events, please note it can take up to three months for a record to be registered.

**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. See our website at [kentpublichealth.org](http://kentpublichealth.org) for detailed instructions.**

**Please complete one application form for each record or search requested. Please submit your applications with all available identifying information.**

**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 Number:**

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 it on their application, 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 \$24.00.

**Walk-ins can pay using cash, credit/debit card, check or money order. Mail orders must include completed application (see page 2), a self-addressed postage paid return envelope and a check or money order payable to: Kent City Health Department.**

**APPLICATION FOR CERTIFIED COPIES Fee: \$24.00 each**

**MAIL ORDER**

**COMPLETE AND SEND THIS APPLICATION WITH PAYMENT TO:**

Kent Health Department  
P.O. Box 5192  
Kent, OH 44240

**WALK-INS WELCOME**

414 East Main Street  
Kent, OH 44240  
8:00 a.m. to 4:00 p.m. Mon – Fri  
Closed most Holidays

**MUST INCLUDE: SELF-ADDRESSED POSTAGE PAID RETURN ENVELOPE**

Record Requested: \_\_\_\_\_ Birth \_\_\_\_\_ Death \_\_\_\_\_ Fetal Death

**RECORD INFORMATION- FULL NAME AS LISTED ON THE RECORD** Please Print Clearly:

<u>First:</u>		<u>Middle:</u>		<u>Last Name (as Listed on the Record):</u>		<i>Name given at birth if since amended</i>	
<u>Date of Birth:</u>		And Or	<u>Date of Death:</u>		<u>City and County where birth or death occurred:</u>		
<b>PLEASE COMPLETE BELOW PARENT INFORMATION FOR BIRTH RECORD REQUEST ONLY:</b>							
<u>Parent- Full Name at Time of Child's Birth:</u>				<u>Parent- Full Name at Time of Child's Birth:</u>			
Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father				Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father			
<u>List last name prior to 1st marriage/maiden name:</u>				<u>List last name prior to 1st marriage/maiden name:</u>			

**PURCHASER'S INFORMATION** Please Print Clearly:

Purchaser's Name		Date	
Street Address		Phone#	
City, State, & ZIP		Signature	

**CHARGES** Please Complete:

<b>Birth</b>	<b>Is the copy needed for any of the following purposes?</b> Dual Citizenship, Foreign Passport (not USA's), Out of Country Marriage, Adoption, Court Proceeding or Genealogy: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of birth record copies requested: _____ x \$24.00 = \$ _____
<b>Death Or Fetal Death</b>	<b>I request the deceased's Social Security # intact because I am:</b> <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 officer <input type="checkbox"/> An accredited member of the media <u>You must attach a copy of your identification showing you are an authorized requestor. Applies only to a death in the last 5 years.</u>	Number of death record copies requested: _____ x \$24.00 Plus Burial Permit \$3.00 Yes / No Total = \$ _____

Forms of payment accepted: **In person-** cash, credit/debit cards, checks.

**By mail-** check or money order. **Payable to: Kent City Health Department** Returned (NSF) checks - \$20.00 Fee

CASH / CARD / CK or MO # \_\_\_\_\_  
 RECPT# \_\_\_\_\_  
 Last \_\_\_\_\_  
 First \_\_\_\_\_  
 BP / VA \_\_\_\_\_  
 AFSS \_\_\_\_\_  
 SUPPS \_\_\_\_\_