



Public Health
Prevent. Promote. Protect.

Pike County General Health District

Pike County General Health District

116 S. Market Street

Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109 www.pike-health.org

MAILING ADDRESS

Send completed form and fee to:

Pike County General Health District

116 South Market St.

Waverly, Ohio 45690

FOR OFFICE USE ONLY:

Order Number:

Date:

State File Number:

Permit/Other:

APPLICATION FOR CERTIFIED COPIES

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

Full name on birth or death certificate:			If name was changed since birth, indicate new name:				
First	Middle	Maiden/Last					
Date of Birth:	and/or	Date of Death:	City and County where event occurred:				
<input type="checkbox"/> Mother	Full First	Full Middle	Maiden Name	<input type="checkbox"/> Father	Full First	Full Middle	Last Name
Birth:	<p>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:</p> <p><input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy</p> <p><input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business</p>					<p>Number of copies requested:</p> <p>_____ x \$30.00 = \$ _____</p>	
	<p>Death:</p> <p>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:</p> <p><input type="checkbox"/> The deceased's spouse or descendent</p> <p><input type="checkbox"/> The deceased's executor, attorney, or legal agent</p> <p><input type="checkbox"/> A representative of investigative government agency</p> <p><input type="checkbox"/> A private investigator</p> <p><input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family</p> <p><input type="checkbox"/> A veteran's service office</p> <p><input type="checkbox"/> An accredited member of the media</p> <p>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</p>					<p>Number of copies requested:</p> <p>_____ x \$30.00 = \$ _____</p>	
<p><small>Fetal Death Certificate requests should also complete this section</small></p>						<p>Total Amount Due:</p> <p>\$ _____</p>	

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:	