

City of Middletown Health Department

Vital Statistics

Death Certificate 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.
--	--

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.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed rather than requesting a certified copy of the record.

Death Certificates and Social Security Numbers

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 on their application that they are requesting the SSN be included 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 **\$25.00** per certified copy.

City of Middletown Health Department
APPLICATION FOR CERTIFIED DEATH RECORDS

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

Full name on the death certificate: First Middle Maiden/Last			If name was changed since birth, indicate new name: (Ex. adoption, legal name change, paternity, etc.)		
Date of Birth: and/or Date of Death:			City and County where event occurred:		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First Full Middle Maiden or Last Name		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First Full Middle Maiden or Last Name	
Payment may be made with cash, credit or debit card. We do not accept AMEX					
Death		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: <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 <i>You must attach a copy of your identification showing you are an authorized requestor (marriage license or birth certificate) along with a copy of a valid driver’s license.</i>		Number of copies requested: _____ x \$25 = \$ _____	
Burial Permit <i>*for funeral home use only</i>		For funeral home use ONLY- Please note if your card is on file and you are billed monthly OR if you payment is included in your total payment today.		Number of copies requested: _____ x \$3 = \$ _____	
Fetal Death				Number of copies requested: _____ x \$25 = \$ _____	
Total Amount Due:				\$ _____	

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:	

For MAIL ORDERS ONLY:
Credit Card # _____ **Exp. Date:** _____

MAILING ADDRESS:
City of Middletown Health Department One
Donham Plaza
Middletown, Ohio 45042

Audit Number:	Date:
State File Number:	Payment Type: