



Ashtabula County Health Department
 12 West Jefferson Street
 Jefferson, Ohio 44047
 440-576-6010 option 5
 440-576-5527 fax

APPLICATION FOR CERTIFIED COPIES

Check Appropriate Box

- Birth Certificate - \$24.00**
- Death Certificate - \$24.00**

DO NOT WRITE IN THIS SPACE
Certificate No. _____
Amount _____
Receipt No. _____
Date _____
Audit No. _____

(Please send a Money Order OR Certified Bank Check)

****We do NOT accept credit cards and NO Personal Checks****

PLEASE PRINT BELOW INFORMATION ABOUT REQUESTED CERTIFICATE

Name	First	Middle	Last	Sex
County of birth/death		City, Village or Township of birth/death		Date birth/death
Mother's first name		Middle name	Mother's maiden name	Mother's Birth State
Father's first name		Middle name	Father's last name	Father's Birth State
Name of person requesting copy (PLEASE PRINT)			Phone Number	
Present address			City	State Zip
Applicant's Signature			Date	