



# Erie County Health Department Office of Vital Statistics Application for Certified Copies

**Walk-in Service:** (allow 10 minutes)  
Monday – Friday, 7:30 a.m. – 5:00 p.m.  
Erie County Health Department  
420 Superior Street  
Sandusky, Ohio 44870  
Telephone: (419) 626-5623, Extension 122  
Website: www.eriecohealthohio.org

**Mail:**  
Send completed application with credit/debit information or money order (personal checks are not accepted) to:  
**Erie County Health Department**  
420 Superior Street  
Sandusky, Ohio 44870

<b>This space for office use only.</b>
<b>State File #</b>
<b>Certificate #</b>
<b>Date Received</b>

**Registrant Information:** (Information about person whose vital record is being requested.)

<input type="checkbox"/> <b>Birth</b> \$25.00 per certified copy  <input type="checkbox"/> <b>Death</b> \$25.00 per certified copy <span style="background-color: yellow;">Restrictions Do apply* See 2<sup>nd</sup> pg</span> <input type="checkbox"/> <b>Fetal Death</b> \$25.00 per certified copy	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border: none;">Full Name:</td> </tr> <tr> <td style="border: none; width: 60%;">Place of Birth/Death (City, County in Ohio):</td> <td style="border: none; width: 40%;">Date of Birth/Death:</td> </tr> <tr> <td style="border: none;">Full Maiden Name of Mother (Prior to first marriage):</td> <td style="border: none;">Full Name of Father:</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 10px;">Please indicate any corrections or legal changes made to certificate:</td> </tr> </table>	Full Name:		Place of Birth/Death (City, County in Ohio):	Date of Birth/Death:	Full Maiden Name of Mother (Prior to first marriage):	Full Name of Father:	Please indicate any corrections or legal changes made to certificate:	
Full Name:									
Place of Birth/Death (City, County in Ohio):	Date of Birth/Death:								
Full Maiden Name of Mother (Prior to first marriage):	Full Name of Father:								
Please indicate any corrections or legal changes made to certificate:									

**Charges:**

<b>Total number of copies of birth, death or fetal death:</b>	x \$25.00 =	\$
	<b>Total</b>	\$

For mail orders, please include credit/debit card information # \_\_\_\_\_, expiration date \_\_\_\_\_ or money order (do not send cash) made payable to “Erie County Health Department.” Personal checks are not accepted.

<b>Signature of Applicant:</b>	
<b>Phone Number:</b>	

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.

**Applicant Information:** (Please print clearly as this address will be used for mail order delivery.)

<b>Applicant Name:</b>	
<b>Street Address</b>	
<b>City, State, &amp; Zip Code</b>	

## Senate Bill 61- Effective 10/15/2015

- Prohibits offices from disclosing a SSN on a certified death record if the individual is not entitled to it
- Death records that are **more** than 5 years after a decedent's death are **excluded**
- SSN can be given via an electronic file or download, regardless of age of the record

## Who Can Get a Copy with a SSN?

- The decedent's spouse
- A county veterans service officer
- A lineal descendant
- A private investigator with a Class A or B license
- An official of the federal or state government charged with prosecuting a crime
- An individual engaged or employed by any newspaper or press association for the purpose of news reporting
- The executor of the decedent's estate
- Power of attorney, agent of the estate, or who is authorized to act on behalf of the decedent
- A licensed funeral director or agent