

# BUTLER COUNTY HEALTH DEPARTMENT

## APPLICATION FOR CERTIFIED COPIES

### CASH OR MONEY ORDER ONLY

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

Full names on birth or death certificate:			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)		
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 or Last Name	<input type="checkbox"/> Mother	Full First
<input type="checkbox"/> Father				<input type="checkbox"/> Father	Full Middle
<input type="checkbox"/> Parent				<input type="checkbox"/> Parent	Maiden or Last Name
<b>Birth:</b>	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: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> International Legal Business				Number of copies requested: _____ x \$25.00 = \$ _____
<b>Death:</b>	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  You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.				Number of copies requested: _____ x \$25.00 = \$ _____
<b>Fetal Death:</b>					Number of fetal death record copies requested: _____ x \$25.00 = \$ _____
<b>Total Amount Due:</b>					\$ _____

#### 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:	

#### MAILING ADDRESS

Send completed application with required fee to:

**Butler County Health Department**

**301 South Third Street**

**Hamilton, OH 45011**

**513.887.5230**

#### FOR OFFICE USE ONLY:

Receipt Number:	Date:
State File Number:	Issued By: