



**Public Health**  
Prevent. Promote. Protect.

## Warren County Combined Health District

### Vital Statistics Records Request Instructions

<b>Notice to All Vital Statistics Customers:</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.
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#### Records We Have On File:

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908. This Vital Statistics office also maintains copies of death records filed after 1909. For requests of recent vital events, please note it can take up to three months for a record to be registered.

#### Placing An Order:

For the fastest response, we recommend placing your order in person. See our website at [www.wcchd.com](http://www.wcchd.com) or call our office at (513) 695-1249 for detailed instructions. Please complete one application form for each record or search requested. Please submit your applications with all available identifying information.

#### Birth Certificates:

Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

#### 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 decedent'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 or death record is \$22.

# Warren County Combined Health District Vital Statistics

## APPLICATION FOR CERTIFIED COPIES

**MAILING ADDRESS**

*Send completed application with required fee to:*

**Warren County Combined Health District  
416 South East Street  
Lebanon, Ohio 45036**

**APPLICANT 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	

**RECORD INFORMATION** *(Information about the person on the requested record)*

Full name <i>(for birth, indicate child's full name as shown on the birth record):</i>			
Date of Birth:	Date of Death:	City where event occurred:	
<input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First, Middle and Last Name As It Appears On The Record:	<input type="checkbox"/> Mother <input type="checkbox"/> Parent	Full First, Middle and Maiden Name As It Appears On The Record (Maiden Name is Last Name Before First Marriage):

**CHARGES** *Please include check or money order (do not send cash) made payable to "Warren County Combined Health District".*

<b>Birth:</b>	<p><b>Please indicate if you are requesting the certificate for any of the following purposes:</b></p> <p><input type="checkbox"/> Dual Citizenship <span style="float: right;"><input type="checkbox"/> Genealogy</span></p> <p><input type="checkbox"/> Out of Country Marriage <span style="float: right;"><input type="checkbox"/> International Legal Business</span></p>	<p><b>Number of birth record copies:</b></p> <p>_____ x \$22.00 = \$ _____</p>
<b>Death:</b>	<p>I am requesting a copy with the SSN included because I am:</p> <p><input type="checkbox"/> The deceased's spouse, or lineal descendant (a lineal descendant is a child, grandchild, great-grandchild, or adopted child)</p> <p><input type="checkbox"/> The deceased's executor, attorney, or legal agent</p> <p><input type="checkbox"/> A representative of an 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 officer</p> <p><input type="checkbox"/> An accredited member of the media</p> <p><b>You must attach a copy of your identification showing you are an authorized requestor.</b></p>	<p><b>Number of death record copies:</b></p> <p>_____ x \$22.00 = \$ _____</p>
<b>Total Amount Due:</b>		\$ _____