



Henry County Health Department

Vital Statistics

Records 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.

Records We Have On File:

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908 and an index of all death records filed in Ohio after January 1, 1964. This Vital Statistics office also maintains copies of death records filed 1909 to present. For requests of recent vital events, please note it can take up to three months for a record to be registered.

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.

Placing an Order:

For the fastest response, we recommend placing your order in person. See our website at www.henrycohd.org or call our office at 419-599-5545 for detailed instructions.

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.

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 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. Acceptable forms of identification are certified birth certificate (listing decedent as the parent), marriage license, written request on agency letterhead, employee identification badge, or any legal document issued through a US court of law authorizing any person to act on behalf of the decedent.

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 is \$23.

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APPLICATION FOR CERTIFIED COPIES

Walk-in service:

Mon-Fri 8:30am-4:15pm
 Henry County Health Department
 1843 Oakwood Ave
 Napoleon, Ohio 43545
 (419) 599-5545

Mail:

Send completed application
 with required \$23.00 fee to:
 Henry County Health Department
 1843 Oakwood Ave
 Napoleon, Ohio 43545
 (419) 599-5545

For office use only		
DATE:		
CHECK #	or	CASH
CERTIFICATE #		

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

Full name on requested record:		IF name was changed since birth, indicate new name:	
Birth Certificate Requests:	Date of Birth:	City/County of Birth:	
	Select one: Mother Father Parent	Full name before first marriage:	
	Select one: Mother Father Parent	Full name before first marriage:	
	Please indicate if you are requesting the certificate for any of the following purposes: Dual Citizenship Genealogy Out of Country Marriage International Legal Business		Number of birth record copies: _____ x \$23 = \$_____
Death Certificate Requests:	Date of Death:	City/County of Death:	
	I am requesting a copy with the SSN included because I am: 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		SSN Requested? Yes No
	You must provide a copy of your identification showing you are an authorized requestor.		Fetal Death Certificate? Yes No
			Number of death record copies: _____ x \$23 = \$_____ Burial Permit: _____ x \$3 = \$_____
Total Amount Due:			\$_____

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:	