



Public Health
Prevent. Promote. Protect.
Cambridge-Guernsey County

Cambridge-Guernsey County Health Department

APPLICATION FOR CERTIFIED COPIES

Record Information: Information about the person you are requesting the record for

Full Name on birth or death certificate:			If name was changed since birth indicate new name:
First	Middle	Last	

Date of Birth:	and/or	Date of Death:	City and County where event occurred:
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Mother:	First	Middle	Maiden Name	Father:	First	Middle	Last Name
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Charges: Please include check or money order made payable to Cambridge-Guernsey County Health Department

Birth:	If you need a birth certificate for any reason other than the following, skip this section. Otherwise please indicate what the certificate is needed for: <input type="checkbox"/> Personal Use <input type="checkbox"/> Genealogy <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> None of the above	Number of copies requested: _____ x \$25.00 = \$ _____
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Death:	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 decedent <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	Number of copies requested: _____ x \$25.00 = \$ _____ Burial/ Cremation Permit: _____ x \$3.00 = \$ _____ Veteran's Affairs Copy: _____ Supplemental Copies: _____
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Fetal Death:		Number of fetal death record copies requested: _____
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Total Amount Due	\$ _____
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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 future contact.

Name		
Street Address	Phone Number	
City, State & Zip	Signature	

Mailing Address

Send Completed application with required fee too:

Guernsey County Health Department
326 Highland Ave
Cambridge, OH 43725

For Office Use Only:

State File Number:	Date:
Paper Audit Number Begins:	Paper Audit Number Ends: