

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. This Vital Statistics office also maintains copies of death records filed after December 20, 1908. 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.perrycountyhealth.info or call our office at 740-342-5179, option 1 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 are 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 the 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, death, or fetal death record is \$25.00. Certificates may be mailed through the United States Postal Service (USPS) upon request.

Revised: 12/08/2025

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.



Perry County Health Department – Vital Statistics

APPLICATION FOR CERTIFIED COPIES



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Walk-in Service: (Please allow 20 minutes)

Service Hours: Monday – Friday 7:30 am – 4:00 pm (Closed all major Holidays)

Perry County Health Department
2235 State Route 13 New Lexington, OH 43764

MAILING ADDRESS

Send completed application with required fee to:
PCHD
2235 State Route 13
New Lexington, OH 43764

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:		Applicant's Signature:	

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

Full name (for birth, indicate child's full name as shown on the original birth record)		If name has been changed since birth, indicate new name: (i.e. legal name change, adoption excluding change of name by marriage)	
Date of Birth:	Date of Death:	City and County where event occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage: (maiden name)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage: (maiden name)

CHARGES: Please include check or money order (do not send cash) made payable to "PCHD".

Birth: \$25.00 per certified copy	If you do not need a birth certificate for any of these reasons, please skip this section: <ul style="list-style-type: none"> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business 	Number of birth record copies: ____ X \$25.00 = \$ ____
Death: \$25.00 per certified copy	All death certificates will be issued without a social security number unless identification is provided confirming you are one of the authorized requestors listed below: <ul style="list-style-type: none"> <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 officer <input type="checkbox"/> An accredited member of the media 	Number of death record copies: ____ X \$25.00 = \$ ____
Fetal Death: \$25.00 per certified copy		Number of death record copies: ____ X \$25.00 = \$ ____
Total Amount Due:		\$ ____

For office use: Audit #'s: _____ Check #: _____ Cash: ____ Receipt #: _____ CC Receipt #: _____	Issued by: _____ Date: _____ Date Mailed: _____
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