Bureau of Vital Statistics
Application for Ohio Certified Birth Record Copies

Department of Health

As of Jan, 1, 2025, the fee for a search of an Ohio vital record is $21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian. Any payment made that exceeds $21.50 by more than $2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. Individuals requesting a certified affidavit of paternity must submit this application with the registration number of the document. If not known, please call the Ohio Central Paternity at 1-888-810-6446 prior to completing this application.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Ohio Department of Health, Vital Statistics
P. O. Box 15098
Columbus, Ohio 43215-0098
(614) 466-2531

☐ **Birth Certificate**
$21.50 per certified copy

☐ **Heirloom Certificate**
$25.00 per certified copy

☐ **Affidavit of Paternity**
$7.00 per certified copy

APPLICANT INFORMATION (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 (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		**If Name Has Changed Since Birth, Indicate New Name:**	
Date of Birth:		**City and County Where the Birth Occurred:**	
◉ Mother ○ Father ○ Parent	**Name Before First Marriage:**	○ Mother ◉ Father ○ Parent	**Name Before First Marriage:**

FEES (Please make checks / money orders payable to the Treasurer, State of Ohio)

BIRTH:

Please Indicate The Reason For Requesting This Record:

- ☐ Dual Citizenship
- ☐ Genealogy
- ☐ International Legal Business
- ☐ Out of Country Marriage
- ☐ Drivers License
- ☐ Passport
- ☐ School
- ☐ Work Permit

Number of Birth Record Copies:
_____ x $21.50 = $_____

AFFIDAVIT OF PATERNITY (AOP):

Central Paternity Registry 6-digit Number (Please call the Ohio Central Paternity Registry at (888)-810-6446 if you do not have this number.)
CPR# _____

Number of AOP Copies:
_____ x $7.00 = $_____

TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Treasurer, State of Ohio. $_____

Bureau of Vital Statistics

Application for Ohio Certified Death Record Copies

Department of Health

As of Jan. 1, 2025, the fee for a search of an Ohio vital record is $21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). Any amount paid in excess of $21.50 by more than $2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including the decedent's full legal name, date of death, and city or county where the death occurred. **We search and provide Ohio death records from present date and previous 50 years only.** Requests submitted online or in person will be searched and fulfilled within five business days. (We are unable to provide a same-day service for walk-in requests.)

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Ohio Department of Health, Vital Statistics
P. O. Box 15098

Columbus, Ohio 43215-0098
(614) 466-2531

☐ **Death Certificate**
$21.50 per certified copy

☐ **Stillbirth Abstract**
(No Cause of Death) Free to birth parents only.

☐ **Fetal Death Certificate**
(Cause of Death shown) $21.50 per certified copy.

APPLICANT INFORMATION (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 (the person on the requested record)

Full Name (Decedents full name at time of death):

Date of Birth:	**Date of Death:**	**City and County Where the Death Occurred:**

◉ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**	○ **Mother** ◉ **Father** ○ **Parent**	**Name Before First Marriage:**

FEES (Please make checks / money orders payable to the Treasurer, State of Ohio)

DEATH:

☐ **No,** I do not need the Social Security Number included.

☐ **Yes,** I request a copy with the SSN included. (If yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.)
**See below for authorized requestors.*

Number of Death Record Copies:

_____ x $21.50 = $_____

FETAL DEATH OR STILLBIRTH - *(Please note stillbirth abstracts are free to birth parents only)* :

Did the stillbirth event occur at 20 weeks or less gestation?
(This information will help us determine how the record has been filed.)

☐ **Yes** ☐ **No**

☐ **Free Stillbirth Abstract**

Number of Fetal Death Record Copies:

_____ x $21.50 =

TOTAL AMOUNT DUE: Do **NOT** send cash. Make check/money order payable to Treasurer, State of Ohio — $_____

***Authorized requestors:** Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affair's officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.*