



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

# Pike County General Health District

116 S. Market Street  
Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109 [www.pike-health.org](http://www.pike-health.org)

## MAILING ADDRESS

Send completed form and fee to:

*Pike County General Health District  
116 South Market St.  
Waverly, Ohio 45690*

## FOR OFFICE USE ONLY:

Order Number:

Date:

State File Number:

Permit/Other:

# 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	Maiden/Last					
Date of Birth:		and/or	Date of Death:		City and County where event occurred:		
<input type="checkbox"/> Mother	Full First	Full Middle	Maiden Name	<input type="checkbox"/> Father	Full First	Full Middle	Last Name
<b>Birth:</b>	<p>If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for:</p> <p><input type="checkbox"/> Dual Citizenship                      <input type="checkbox"/> Genealogy  <input type="checkbox"/> Out of Country Marriage              <input type="checkbox"/> International Legal Business</p>					<p>Number of copies requested:</p> <p>_____ x \$25.00 = \$ _____</p>	
	<p><b>Death:</b></p> <p>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:</p> <p><input type="checkbox"/> The deceased's spouse or descendent  <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</p> <p><b>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</b></p>					<p>Number of copies requested:</p> <p>_____ x \$25.00 = \$ _____</p>	
<p><small>Fetal Death Certificate requests should also complete this section</small></p>						<p><b>Total Amount Due:</b></p> <p>\$ _____</p>	

## 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 for future contact to complete your record request.

Purchaser's Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Purchaser's Signature:	