



# Pickaway County Public Health

## Vital Statistics

### Records Request Instructions

<b>Notice to All Vital Statistics Customers:</b>	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.
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#### 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.pchd.org](http://www.pchd.org) or [www.odh.ohio.gov/vs](http://www.odh.ohio.gov/vs) or call our customer service team at (614) 466-2531 for detailed instructions and further explanation of these options.

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 or clerk. (See attached list & verification addendum).**

#### 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 **\$28.00** per certified copy.



# Pickaway County Public Health

## APPLICATION FOR CERTIFIED COPIES

### RECORD INFORMATION: *(Information about the person you are requesting the record for)*

<b>Full names on birth or death certificate:</b> First                                      Middle                                      Maiden/Last			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)
Date of Birth:                      and/or                      Date of Death:		City and County where event occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First    Full Middle    Maiden or Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Full First    Full Middle    Maiden or Last Name
<b>CHARGES: \$28.00 per copy ~ Acceptable forms of payment are MC, Visa, Discover, or Amex, Cash, or Money Order. Personal checks are not accepted and will be returned which will delay your order.</b>			
<b>Birth:</b>	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: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	<b>Number of copies requested:</b> _____ x \$28.00 = \$_____	
<b>Death:</b>	<b>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:</b> <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 <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>	<b>Number of copies requested:</b> _____ x \$28.00 = \$_____	
<b>Fetal Death:</b>			<b>Number of fetal death record copies requested:</b> _____ x \$28.00 = \$_____
<b>Total Amount Due:</b>			<b>\$</b> _____

### 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:	

### MAILING ADDRESS

Send completed application with required fee to:

**Pickaway County Public Health**  
**PO BOX 613**  
**Circleville, OH. 43113**

(Rev: 8/2016)

### FOR OFFICE USE ONLY:

<b>Date:</b>	<b>Audit #(s)</b>
<b>Clerk:</b>	<b>Receipt #</b>



**Pickaway County Public Health**  
**Vital Statistics**  
**Proof of Relationship Verification Addendum**

I \_\_\_\_\_ am hereby requesting that the social security number appear on the death certificate for \_\_\_\_\_

Whose death occurred on \_\_\_\_/\_\_\_\_/\_\_\_\_ in Pickaway County, Ohio.

\_\_\_\_\_  
 (Signature of Requestor) \_\_\_\_\_  
 (Date)

***For Official Use Only***

Local Registrar/SFN No.	Security Paper No.	Verified By
Relationship to the Decedent		Proof of Relationship Used
<input type="checkbox"/> Spouse of legal partner <input type="checkbox"/> Natural or adopted child <input type="checkbox"/> Natural or adopted grandchild or great-grandchild <input type="checkbox"/> Licensed funeral director or agent <input type="checkbox"/> Federal/state/local government official <input type="checkbox"/> Press or media <input type="checkbox"/> Executor or administrator of the estate or an agent <input type="checkbox"/> Agent with power of attorney <input type="checkbox"/> Private investigator <input type="checkbox"/> Other _____		<input type="checkbox"/> Current state issued photo identification plus one of the following (lineal descendants only) <input type="checkbox"/> Marriage license <input type="checkbox"/> Decedent's Certificate of Death designating the name of the surviving spouse <input type="checkbox"/> Birth certificate or birth certificate <input type="checkbox"/> Income tax return (1040) <input type="checkbox"/> Bank account documentation (joint) <input type="checkbox"/> Filed & stamped Application to Probate Will/Entry Admitting Will to Probate or legal documentation issued by a US court <input type="checkbox"/> Medical or life insurance policy <input type="checkbox"/> Baptismal record <input type="checkbox"/> Notarized affidavit of relationship <input type="checkbox"/> Employee identification badge <input type="checkbox"/> Written agency request on letterhead <input type="checkbox"/> Written authorization executed by the decedent <input type="checkbox"/> Other _____



**Pickaway County Public Health**  
**Vital Statistics**  
**Certificate of Death Social Security Number**  
**Listing of Satisfactory Proof of Relationship Policy**

ORC 3705.25(5): For the first five years after a decedent’s death, a decedent’s social security number shall not be included on a certified copy of the decedent’s death certificate unless that information is specifically requested to be on the certified copy by one of the following who presents proof satisfactory to the director, state registrar, or local registrar of the person’s identity:

Relationship to the Decedent	Acceptable/Satisfactory Proof of Relationship
<ul style="list-style-type: none"> <li>• Spouse or legal partner</li> <li>• Natural or adopted child</li> <li>• Natural or adopted grandchild</li> <li>• Natural or adopted great-grandchild</li> <li>• *Genealogy researcher (lineal descendants only. Does not include collateral descendants – i.e., parent, sibling, grandparent, aunt, uncle, cousin, etc.).</li> <li>• Veteran’s Administration officer or official</li> <li>• Local, state or federal law enforcement official or agency</li> <li>• Funeral director or an authorized representative</li> <li>• Journalist or media organization representative</li> <li>• Executor or administrator of the decedent’s estate</li> <li>• Attorney representing the executor or administrator</li> <li>• Agency with power of attorney</li> <li>• Adult representative or successor with written authorization executed by the decedent</li> <li>• Any person authorized by law to act on behalf of the decedent or the decedent’s estate</li> </ul>	<p><u>Current state issued photo identification – <b>plus</b> – one of the following:</u></p> <ul style="list-style-type: none"> <li>• Marriage license of spouse or legal partner</li> <li>• Decedent’s Certificate of Death designating the name of the surviving spouse</li> <li>• *1 Birth certificate of the natural or adopted child listing the decedent as the parent (<b>see note below</b>)</li> <li>• Most recent Income Tax Return (1040)</li> <li>• Joint banking/financial account documentation</li> <li>• A Will or any legal document issued through a US court of law that verifies ancestry</li> <li>• Medical or life insurance policy listing relationship to the decedent</li> <li>• Baptismal record listing the lineal decedent</li> <li>• Notarized affidavit of relationship</li> <li>• Employee identification badge</li> <li>• A written request on agency letterhead signed by an official requesting the visibility of the social security number on the certified death certificate copy</li> <li>• Written authorization executed by the decedent that permits the representative to act on his/her behalf</li> <li>• Any legal document issued through a US Court of law authorizing any person to act on behalf of the decedent or the decedent’s estate</li> </ul>
<p><b>Note:</b> *1 Staff may utilize the IPHIS/EDRS database to verify identity of Ohio birth record information provided proper photo identification is provided.</p> <ul style="list-style-type: none"> <li>• Customer requests made by mail will require acceptable/satisfactory proof of relationship before social security number will be viewable on the death certificate. Proof of relationship can be submitted by mail, fax or email. Phone verification requests will not be permitted.</li> <li>• If a certified certificate has been issued with a redacted social security number, the purchaser can provide proof of relationship at a later date to exchange it for a certified certificate with a social security number.</li> <li>• Requests for plain paper copy of a death certificate received from a local, state or federal government agency for use in official government business will be issued upon receipt of a written request from a “For Governmental Use Only” certificate copy submitted on agency letterhead signed by an official requesting the visibility of the social security number on the death certificate copy.</li> </ul>	