Pickaway County Public Health

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.

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 or 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 $30.00 per certified copy.

Pickaway County Public Health
APPLICATION FOR CERTIFIED COPIES

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

Full names on birth certificate: First Middle Maiden/Last	**If name was changed since birth, indicate new name:** **(i.e. adoption, legal name change, paternity, etc.)**
Date of Birth:	**City and County where event occurred:**

☐ **Mother** ☐ **Father** ☐ **Parent**	Full First Full Middle Maiden or Last Name		☐ **Mother** ☐ **Father** ☐ **Parent**	Full First Full Middle Maiden or Last Name	

Mail / phone orders will be processed the following business day and sent regular U.S. mail. NO personal checks

$30.00 per copy	**Same day issuance for records is Monday - Friday 8:00 am to 4:00 pm** **If ordering by phone please email request form to vitals@pchd.org then call 740-477-9667 to pay over the phone with debit/credit card**	
Birth:	**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: ☐ **Dual Citizenship** ☐ **Genealogy** ☐ **Out of Country Marriage** ☐ **International Legal Business**	**Number of copies requested:** _____ x **$30.00** = $_____
Total Amount Due:		**$**_____

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:		**Form of Payment!**	☐ **Cash** ☐ **Credit** ☐ **Debit** ☐ **Money Order**

MAILING ADDRESS

Send completed application with required fee to:

Pickaway County Public Health
110 Island Rd. Suite C
Circleville, OH 43113

www.pchd.org
740-477-9667 ext. 387

(Rev: 8/2025)

FOR OFFICE USE ONLY:

Date:	**Audit #(s)**
Clerk:	**Receipt #**

Cash CK#_____ MO CC: V MC D AMEX