



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.
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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 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.

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.



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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:		
<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		
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			Ohio Birth Records Only	
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: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Dual Citizenship Out of Country Marriage </div> <div style="text-align: center;"> Genealogy International Legal Business </div> </div>			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!	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> 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: (3/2026)

FOR OFFICE USE ONLY:

Date:	Audit #(s)
Clerk:	Receipt #

Cash CK# _____ MO CC: V MC D AMEX