



Darke County General Health District

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.

Records We Have On File:

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908. This Vital Statistics office also maintains copies of death records filed **December 20, 1908-Present**. For requests of recent vital events, please note it can take up to three months for a record to be registered.

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.darkecountyhealth.org or call our office at **937-548-4196** for detailed instructions.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information.

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.

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 **\$23.00 per certified copy**.

Darke County General Health District Vital Statistics

APPLICATION FOR CERTIFIED COPIES

Birth Certificate \$23.00 per certified copy	Death Certificate \$23.00 per certified copy
Fetal Death Certificate \$23.00 per certified copy	

MAILING ADDRESS

Send completed application with required fee to:

300 Garst Ave.
Greenville, OH. 45331

RECORD INFORMATION *(Information about the person on the requested record)*

Full name <i>(for birth, indicate child's full name as shown on the original birth record):</i>		If name was changed since birth, indicate new name:	
Date of Birth:	Date of Death:	City and County where event occurred:	
<input type="checkbox"/> Mother	Name before first marriage:	<input type="checkbox"/> Mother	Name before first marriage:
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Parent		<input type="checkbox"/> Parent	

CHARGES *Please include check or money order (do not send cash) made payable to "Darke County General Health District".*

Birth:	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$23.00 = \$ _____
Death:	I am requesting a copy with the SSN included because I am: <input type="checkbox"/> The deceased's spouse, or lineal descendant <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an 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 officer <input type="checkbox"/> An accredited member of the media You must attach a copy of your identification showing you are an authorized requestor.	Number of death record copies: _____ x \$23.00 = \$ _____
Fetal Death:		Number of fetal death record copies: _____ x \$23.00 = \$ _____
Total Amount Due:		\$ _____

APPLICANT 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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	