



APPLICATION FOR CERTIFIED COPIES

Walk-in-service

Mon. – Fri. 8:00 AM – 4:30 PM
 Knox County Health Department
 11660 Upper Gilchrist Road
 Mount Vernon, OH 43050
 (740) 392-2200

Genealogy Research

Mon.-Fri. 9:00 AM -11:00 AM
and 1:00 PM - 4:00 PM

Mail-in-request

Send completed application with required fee to:
 Knox County Health Department
 11660 Upper Gilchrist Road
 Mount Vernon, OH 43050
 (740) 392-2200
 Application form available on website at:
www.knoxhealth.com

***We do not accept debit or credit cards, only cash, check, or money order.
 Please make checks payable to: Knox County Health Department***

REGISTRANT INFORMATION: (information about person whose vital record is being requested)

<input type="checkbox"/> Birth → <u>date of birth</u> \$25.00 <i>per certified copy</i> _____	Full name: (for birth indicate child's full name as shown on original birth certificate):	
<input type="checkbox"/> Death → <u>date of death</u> \$25.00 <i>per certified copy</i> _____ Number of copies requested _____	Full maiden name of mother (prior to marriage):	Full name of father:
	Have there been any corrections or legal changes made to certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:

PERSON REQUESTING CERTIFICATE: (your name, address, telephone)

Name:		
Street Address:		
City:	State:	Zip Code:

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FOR OFFICE USE ONLY

Today's Date: _____

Receipt #: _____

Certificate # (s): _____

Initials: _____

Attachment # (s) : _____
 (AF SM VA)

Date mail request received: _____

Mailing date: _____