

APPLICATION FOR CERTIFIED BIRTH/DEATH COPIES

Walk -in-service Mon.-Fri. 8:00 am - 4:00 pm **Genealogy Research** Mon.-Fri. 9:00 am -11:00 am 1:00 pm- 4:00 pm

Mail-in-request Send completed application with \$25.00 fee to: **Knox County Health Department** 11660 Upper Gilchrist Road Mount Vernon, OH 43050

| PERSON REQUESTING CERTIFICATE: | (740) 592-2200 |
|--|--|
| | |
| Name: | Phone: |
| Street Address: | E-mail address: |
| City: State | e: Zip Code: |
| Do you live within Mount Vernon city lir | (Circle one) nits? Yes No Payment type: cash check credit/debit money order Make check payable to: Knox Co Health Department (KCHD) |
| B. Request for BIRTH Certificate: \$25.00 per certified copy | |
| Full Name on certificate: | |
| Date of birth: | Sex of the child: F or M (circle one) County of birth: |
| Mother's <mark>full</mark> maiden name: | Mother's <u>STATE</u> of birth: |
| Father's <u>full</u> name: | Father's <u>STATE</u> of birth: |
| Number of copies requested: | SIGNATURE: |
| D. Request for DEATH Certificate: | \$25.00 per certified copy |
| Full Name on certificate: | |
| Date of death: | County of Death: |
| Mother's name: | |
| Father's name: | |
| Number of copies requested: | SIGNATURE: |
| FOR OFFICE USE ONLY | |
| Today's date: | Receipt# Employee Initials |
| Certificate #(s) | Attachment#(s) (AF SM VA) |
| Date mail request received: | Date mailed to customer: |
| 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 for any certificate record, or certified copy of it that relates to the birth of another | |

person, whether living or dead.

Revised 05/2015