

Knox County Health Department

APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION:

PLEASE FILL IN ALL INFORMATION

Full Name on certificate: <div style="display: flex; justify-content: space-between;"> First Middle Last </div>			SEX	City or County of birth <i>(fill in only if purchasing a birth certificate)</i>	
"Birth" – date of birth <i>only</i> if requesting a birth record			"Death" – date of death if requesting a death record		
Father	Full Name <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		Mother	Full Name <div style="display: flex; justify-content: space-between;"> First Middle Maiden Last </div>	

PURCHASER'S INFORMATION: *(Information about the person requesting the record)*

Please write 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:	Purchaser's Signature:	X-

Birth: <u>\$25.00</u>	<p>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:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Driver's License </div> <div> <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Passport </div> </div>	Number of copies requested: _____ x \$fee = \$_____
Death: <u>\$25.00</u>	<p>All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:</p> <div> <input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of 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 office <input type="checkbox"/> An accredited member of the media </div> <p>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</p>	Number of copies requested: _____ x \$fee = \$_____
Fetal Death: <u>\$25.00</u>		Number of fetal death record copies requested: _____ x \$fee = \$_____
<div style="display: flex; align-items: center;"> ✓ Payment method - Circle one - Check, cash or credit card </div>		\$ _____
Credit Card No:	Exp Date:	CCV:

MAILING ADDRESS

Send completed application with required fee to:

Knox County Health Department
11660 Upper Gilchrist Rd
Mount Vernon, OH 43050
Phone-740-392-2200
FAX- 740-392-9613
revised 03/2020

➤ FOR OFFICE USE ONLY:

Date:	Receipt: #
Certificate: #	Employee Initials:

date of mail/phone request _____ date mailed _____