



APPLICATION FOR CERTIFIED COPIES

PURCHASER INFORMATION

Purchaser Name		Email	
Street Address		Phone	
City State ZIP		Signature of Purchaser	

Payment Method: **Check** **Credit Card**

Credit/Debit Card #:	- - -	Exp Date:	
		CCV:	

BIRTH CERTIFICATE REQUESTS Circle if any these reasons apply for obtaining certified copy * Dual Citizenship * Genealogy * Out of Country Marriage * International Legal Business	First Name	Middle Name	Last Name at Birth (maiden name)	Number of copies _____ x \$25 = _____
	Date of Birth	Gender (Male/Female)	County or City of Birth	
	Mother			
	First Name	Middle Name	Last Name at Birth (maiden name)	
	Father			
	First Name	Middle Name	Last Name	

DEATH CERTIFICATE or FETAL DEATH CERTIFICATE REQUESTS	First Name	Middle Name	Last Name	Number of copies _____ x \$25 = _____
	Date of Death	Gender (Male/Female)		
	You may request a copy of the death certificate with the Social Security Number included if you are (check applicable box):			
	<input type="checkbox"/>	The deceased's parent, spouse, partner or descendent (child, grandchild, great-grandchild)		
	<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.				

Mail, email or fax to:
Knox Public Health
 11660 Upper Gilchrist Rd
 Mt Vernon OH 43050
 (740) 392-2200 Option 7

 vitalstats@knoxhealth.com

Office Use Only			
Date:		Receipt #:	
Certificate #s:		Emp Initials:	
Date req mail/phn:		Date Mailed:	