# Cleveland Department of Public Health

## APPLICATION FOR CERTIFIED COPIES

### RECORD INFORMATION:

- **Full name on birth OR death certificate:**
  - First
  - Middle
  - Maiden/Last

- **If name was changed since birth, indicate new name:**
  - (i.e. adoption, legal name change, paternity, etc.)

- **Date of Birth:**

- **Date of Death:**

- **City and County where event occurred:**

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full First</th>
<th>Full Middle</th>
<th>Maiden or Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mother</td>
<td>☐ Father</td>
<td>☐ Parent</td>
</tr>
</tbody>
</table>

### Birth

- **Do you need a birth certificate for any of these reasons?**
  - ☐ Dual Citizenship
  - ☐ Genealogy
  - ☐ Out of Country Marriage
  - ☐ None of these
  - ☐ International Legal Business

- **Number of copies requested:**
  - _______ x $25 = $ _________

### Death

- **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:**
  - ☐ The deceased’s spouse or descendent
  - ☐ The deceased’s executor, attorney, or legal agent
  - ☐ A representative of 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 office
  - ☐ An accredited member of the media

- **You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver’s license.**

- **Number of copies requested:**
  - _______ x $25 = $ _________

- **VA copy requested:**
  - _______

- **# of affidavit copies requested:**
  - _______

- **# of supplemental copies requested:**
  - _______

- **Burial permit requested:**
  - _______ x $3 = $ _________

### Fetal Death

- **Number of copies requested:**
  - _______ x $25 = $ _________

- **Burial permit requested:**
  - _______ x $3 = $ _________

### Total Amount Due:

- **$_________**

### PURCHASER’S 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.

<table>
<thead>
<tr>
<th>Purchaser’s Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

### MAILING ADDRESS

- Send completed application with required fee to:
  - Office of Vital Records
  - 601 Lakeside Ave, Rm 122
  - Cleveland, OH 44114

### FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>Order Number:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State File Number:</td>
<td>Permit/Other:</td>
</tr>
</tbody>
</table>

(Rev: 8/2016)