

**Delaware General Health District
APPLICATION FOR VITAL STATISTICS RECORD**

(Check One) Birth Certificate Death Certificate

Number of Copies Requested _____ X \$24.00 per copy = total due _____

1. Requested Record: (Please Print)

(Please Print Information as it appears on the certificate being requested)

Full Name	
Date of Birth / Death	
<i>Birth Cert. Request Only</i> Father's Full Name	
<i>Birth Cert. Request Only</i> Mother's Full Maiden Name	

3. Requestor's Information (Please Print)

Today's Date		Telephone Number	
Printed Name		Signature	
Street Address			
City		State	Zip

Mail completed form and self addressed stamped envelope to: Delaware General Health District
P.O. Box 570, Delaware, Ohio 43015

Make checks payable to: Delaware General Health District

FOR OFFICE USE ONLY

Date Request Received	Date Request Processed	# Copies Issued	Audit #
Prepared By:	Request Denied – Reason <input type="checkbox"/>		

Receipt # _____ Date _____