

Delaware General Health District Application for Birth or Death Records

(Please Check One):

Birth Certificate

Death Certificate

Record Requested: *(Please Print Information as it appears on the Certificate being issued)*

Number of Copies Requested _____ X \$24.00 per copy = Total Due \$ _____			
Full Name			
Date of Birth <i>(Birth Record Only)</i>		County of Birth <i>(Birth Record Only)</i>	
Father's Full Name <i>(Birth Record Only)</i>			
Mother's Full Maiden Name <i>(Birth Record Only)</i>			
Date of Death			

Requestor's Information: *(Please Print)*

Today's Date		Phone Number	
Printed Name			
Signature			

**Please mail completed form, self addressed stamped envelope, and check or money order made payable to: Delaware General Health District
P.O. Box 570, Delaware, Ohio 43015**

For Office Use Only

Date Received	Date Processed	#Copies Issued	Prepared By
Audit # (s)	Affidavit (s)	Supplemental (s)	Veteran's Copy

Receipt #: _____ Date: _____

Request Denied- Reason _____