



Public Health
Prevent. Promote. Protect.
MORGAN COUNTY HEALTH DEPT.

Morgan County Health Department
4275 N St Rt 376 NW
McConnelsville, OH 43756
Phone: 740-962-4572
Fax: 740-962-3271

APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION: (Information about the person you are requesting the record for)

Full Name on original birth record 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: _____ and/or _____ Date of Death: _____		City and County Where Event Occurred: _____	
Mother Father Parent	Name Before First Marriage (Full First, Full Middle, Last)	Mother Father Parent	Name Before First Marriage (Full First, Full Middle, Last)

CHARGES: (Cash or check accepted) Make checks payable to "Morgan County Health Department"

BIRTH: Please indicate if you are requesting the certificate for any of the following reasons:

<ul style="list-style-type: none"> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Out of County Marriage <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business 	Number of birth record copies _____ \$25.00 x \$ fee=\$ _____
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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:

<ul style="list-style-type: none"> <input type="checkbox"/> The deceased' spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agent <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 	Number of death record copies _____ \$25.00 x \$ fee=\$ _____
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You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license

Total Amount Due: \$ _____

PURCHASER'S INFORMATION:

Purchaser's Name:	Email:
Street Address:	Phone Number:
City, State, & Zip:	Purchaser's Signature:

State File Number:	Date:
	Permit/Other:

OFFICE USE ONLY