



# Sidney-Shelby County Health Department

## Vital Statistics

### Records Request Instructions

**Public Health**  
Prevent. Promote. Protect.

<b>Notice to All Vital Statistics Customers:</b>	Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.
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#### **Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908. This Vital Statistics office also maintains copies of death records filed in Shelby County after December 20, 1908. For requests of recent vital events, please note it can take up to three months for a record to be registered.

#### **Who Can Order A Record:**

Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

#### **Placing an Order:**

For the fastest response, we recommend placing your order in person. See our website: [shelbycountyhealthdept.org](http://shelbycountyhealthdept.org) or call our office at (937) 498-7249 for detailed instructions.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information.

#### **Birth Certificates:**

Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

#### **Death Certificates and Social Security Numbers:**

As of October 15, 2015, for the first five years after the date of death, the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased's spouse or lineal descendant
- The deceased's executor, attorney, or legal agent
- A representative of an 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 officer
- An accredited member of the media

**Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included, and submit satisfactory identification to the registrar or clerk.**

#### **Fees:**

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is \$25.



**APPLICATION FOR CERTIFIED COPIES**

**Walk-in:** (7:30 AM – 4:00 PM, Mon–Fri)  
Sidney-Shelby County Health Dept.  
202 W. Poplar St., Sidney, OH 45365

**Accepted methods of payment:**  
cash, check, money order, credit/debit  
card (convenience fee applies)

**Phone:** 937-498-7249

**Accepted methods of payment:**  
credit/debit card (convenience fee)

**Mail:** Send completed application  
along with required fee to:

Sidney-Shelby County Health Dept.  
202 W. Poplar St., Sidney, OH 45365

**Accepted methods of payment:**  
money order only

This space for office use only	
Date Paid	Issued By
Receipt #	Amount
Security Paper #	

**TYPE OF CERTIFIED RECORD REQUESTED**

- Birth Certificate       Death Certificate       Fetal Death Certificate

**RECORD INFORMATION** (Information about the person on the requested record)

Full name (for birth, indicate child's full name as shown on the original birth record):		If name was changed since birth, indicate new name:	
Date of Birth:	Date of Death:	City and County where event occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name before first marriage:

**CHARGES** Please include check or money order (**do not send cash**) made payable to "Sidney-Shelby County Health Department"

<b>Birth:</b>	<b>Please indicate if you are requesting the certificate for any of the following purposes:</b> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of copies: ____ x \$25 = \$____
<b>Death:</b>	<b>For requests in the first five years after the decedent's date of death:</b> I request a copy with the SSN included because I am: (photo ID required) <input type="checkbox"/> The deceased's spouse, or lineal descendant <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  <b>For all mail requests:</b> You must attach a copy of an acceptable form of identification to show you are an authorized requestor. The SSN will be redacted if proper identification is not provided.	<b>Clerical Use Only:</b> Document Viewed      Initials  _____  Number of copies: ____ x \$25 = \$____
<b>Fetal Death:</b>		Number of copies: ____ x \$25 = \$____
<b>Total Amount Due:</b>		\$____

**APPLICANT 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.

Applicant Name:	Telephone:
Applicant Address: (Include City/State/ZIP)	
Applicant Signature:	