

Sidney-Shelby County Health Department

Application for Certified Copies



Public Health
Prevent. Promote. Protect.
Sidney-Shelby County
Health Department

Please ensure all pertinent information is included with your request.

Mail Completed Application with Required Fee to:

Sidney-Shelby County Health Department
202 W. Poplar St.
Sidney, OH 45365
(937) 498-7249

☐ **Birth Certificate**
\$25.00 per certified copy

☐ **Death Certificate**
\$25.00 per certified copy

☐ **Fetal Death Certificate**
\$25.00 per certified copy

APPLICANT INFORMATION (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:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)

Full Name (for birth, indicate child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where the Event Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Sidney-Shelby County Health Department)

BIRTH:		Death:	
Please Indicate The Reason For Requesting This Record:		<input type="checkbox"/> No, I do not need the social security number included.	
<input type="checkbox"/> Dual Citizenship	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Yes, I request a copy with the SSN included (if yes, and the death occurred within the last 5 years of today's date you must attach a copy of your identification showing you are an authorized requestor.)	
<input type="checkbox"/> Genealogy	<input type="checkbox"/> Passport	*see below for authorized requestors.	
<input type="checkbox"/> International Legal Business	<input type="checkbox"/> School		
<input type="checkbox"/> Out of Country Marriage	<input type="checkbox"/> Work Permit		
Office Use Only:			
Date Paid: _____ Issued by: _____ Receipt # _____		Number of Copies: _____ x \$25.00 = \$ _____	
Security Paper # _____			
Make checks / money orders payable to Sidney-Shelby County Health Department.			\$ _____

(Rev. 06/2025)

*Authorized requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veteran's Affairs officer or official, local, state or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.