



Cambridge-Guernsey County Health Department

APPLICATION FOR CERTIFIED COPIES

Record Information: Information about the person you are requesting the record for

Full Name on birth or death certificate:			If name was changed since birth indicate new name:
First	Middle	Last	
Date of Birth: and/or		Date of Death:	City and County where event occurred:
Mother:		Father:	
Charges: Please include check or money order made payable to Cambridge-Guernsey County Health Department			
Birth:	If you do not need a birth certificate for any of the following reasons, skip this section. Otherwise please indicate what the certificate is needed for: <input type="checkbox"/> Personal Use <input type="checkbox"/> Genealogy <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> None of the above	Number of copies requested:	
		x \$22.00 = \$	
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: <input type="checkbox"/> The deceased's spouse or decedent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of 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 office <input type="checkbox"/> An accredited member of the media	Number of copies requested:	
		x \$22.00 = \$	
		Burial/ Cremation Permit:	
		x \$3.00 = \$	
		Veteran's Affairs Copy:	
		Supplemental Copies:	
Fetal Death:		Number of fetal death record copies requested:	
Total Amount Due			\$

Purchaser's Information: (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or future contact.

Name			
Street Address		Phone Number	
City, State & Zip		Signature	

Mailing Address

Send Completed application with required fee too:

Guernsey County Health Department
326 Highland Ave
Cambridge, OH 43725

For Office Use Only:

State File Number:	Date:
Paper Audit Number Begins:	Paper Audit Number Ends: