|  |
| --- |
|  |

**HAMILTON CITY**

**HEALTH DEPARTMENT**

**Vital Statistics**

**Records Request Instructions**

|  |  |
| --- | --- |
| **Notice to All Vital Statistics Customers:** | 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. |

**Records We Have On File:**

The Hamilton City Health Department can issue birth records in Ohio occurring after December 20, 1908. This office also maintains death records occurring in Hamilton City limits from 1913-PRESENT. Please note, recent records may not be available immediately for issuance.

**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:**

**Requests can be placed in person, via mail or via phone at 513-785-7094.**

**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 **$25.00.**

**HAMILTON CITY HEALTH DEPARTMENT**

**APPLICATION FOR CERTIFIED COPIES of BIRTH or DEATH RECORDS**

**RECORD INFORMATION:** *(Information about the person on the requested Birth or Death record)*

est: to the birth of antoher person, whether living or dead. ficate, record or report required by this

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** *(for birth, indicate child’s full name as shown on the original birth record. Also, indicate if there has been a legal name change)***:** | | | | |
| **Date of Birth:** | | **Date of Death:** | **City and State where birth or death occurred:** | |
| **Mother’s**  **Name:** | **(**Mother’s first name and maiden name) | | **Father’s**  **Name:** | **(**Father’s first name and last name) |

|  |  |  |
| --- | --- | --- |
| **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:   * Out of the Country Marriage * International Legal Business * Dual Citizenship * Genealogy | **Number of birth record copies:**  **\_\_\_\_\_\_ x $25.00 = $\_\_\_\_\_\_\_\_\_\_\_** |
| **DEATH:** | *(Please check one):*  I am requesting a death certificate:  □ death date is greater than 5 years  □ death date is less than 5 years, SSN not needed  I am requesting a death certificate with the SSN included because I am:  □ 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  **You must present a copy of your identification showing you are an authorized requestor.** | **Number of death record copies:**  **\_\_\_\_\_\_ x $25.00 = $\_\_\_\_\_\_\_\_\_\_\_** |
| **Fetal Death:** |  | **Number of fetal death record copies:**  **\_\_\_\_\_\_ x $25.00 = $\_\_\_\_\_\_\_\_\_\_\_** |
| **Total Amount Due:** | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PURCHASER’S INFORMATION:** *(Information about the person requesting the record)*

|  |  |  |  |
| --- | --- | --- | --- |
| Purchaser’s Name: |  | Email: |  |
| Street Address: |  | Phone Number: |  |
| City, State, & ZIP: |  | Signature: |  |

You can **email** the application to   
[vitalstats@hamilton-oh.gov](mailto:vitalstats@hamilton-oh.gov). When we receive the email, we will call you for a credit card payment.

**If mailing request, mail to:**

*Send completed application with required fee to:*

**HAMILTON CITY HEALTH DEPARTMENT**

**345 HIGH ST – SUITE 330 HAMILTON, OHIO 45011**

***Below this line is for OFFICE USE ONLY***

*DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AUDIT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYMENT METHOD:\_\_\_\_\_\_\_\_\_\_\_\_CLERK\_\_\_\_\_\_\_\_\_\_\_\_\_*