

Harrison County General Health District

Application for Ohio Certified Death Record Copies



**HARRISON
COUNTY**
Public Health

As of Jan. 1, 2025, the fee for a search of an Ohio vital record is \$26.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). Any amount paid in excess of \$26.50 by more than \$2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including the decedent's full legal name, date of death, and city or county where the death occurred.

Cash, check, money order, or credit/debit card payments accepted.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE

TO:

**Harrison County General Health District 538
N Main Street Suite G
Cadiz, OH 43907**

740-942-2616

☐ **Death Certificate**

\$26.50 per certified copy

☐ **Stillbirth Abstract**

(No Cause of Death) Free to birth parents only.

☐ **Fetal Death Certificate**

(Cause of Death shown) \$26.50 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 (Decedents full name at time of death):

Date of Birth:	Date of Death:	City and County Where the Death Occurred:
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FEES (Please make checks / money orders payable to the **Harrison County General Health District**)

DEATH:

☐ **No**, I do not need the Social Security Number included.

☐ **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.)

**See below for authorized requests.*

Number of Death Record Copies:

_____ x **\$26.50** = \$ _____

FETAL DEATH OR STILLBIRTH - (Please note stillbirth abstracts are free to birth parents only) :

Did the stillbirth event occur at 20 weeks or less gestation?

(This information will help us determine how the record has been filed.)

☐ **Yes** ☐ **No**

☐ **Free Stillbirth Abstract**

Number of Fetal Death Record Copies:

_____ x **\$26.50** =

TOTAL AMOUNT DUE: Do NOT send cash. Make check/money order payable to Harrison County General Health District

\$ _____

***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.

HEA 2701 (Rev. 01/2025)