

# Application for Ohio Certified Death Record Copies



**AUGLAIZE COUNTY**  
HEALTH DEPARTMENT

*prevent. promote. protect.*

## Walk-in Service: Allow 15 Minutes

8:00AM - 4:00PM, Monday - Friday  
Auglaize County Health Department  
Vital Statistics  
813 Defiance Street  
Wapakoneta, OH 45895

Credit/Debit Cards Incur a Convenience Fee

## Mail: Process Upon Receipt & Mail Same Day

Send Application & \$25.00 Fee (Money Order)  
Auglaize County Health Department  
Vital Statistics  
813 Defiance Street  
Wapakoneta, OH 45895

## Phone Orders: Call 419-738-3410

\$25.00 + \$7.00 Processing Fee  
UPS Next Day Available - Added Fee

## Order Online: [www.auglaizehealth.org](http://www.auglaizehealth.org)

Vital Statistics via Vital Chek Link  
\$25.00 + \$7.00 Processing Fee

### 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:	
<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 Auglaize County Health Department)

#### DEATH:

<input type="checkbox"/> No, I do not need the Social Security Number included. <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.) <i>*See below for authorized requestors.</i>	Number of Death Record Copies:  _____ x \$25.00 = \$_____
TOTAL AMOUNT DUE: Make check/money order payable to Auglaize County Health Department	
\$_____	

**\*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)