Licking County Health Department
Vital Record Request

Application for:
- ☐ Birth Certificate - *(Ohio Only)*
- ☐ Death Certificate - *(Ohio Only)*

For the following person:

First Name | Middle Name

Last Name | Suffix

Father's Name

Mother's Maiden Name

Date of Birth | Place of Birth

Date of Death | Place of Death

REQUESTOR'S INFORMATION

Name

Address 1

Address 2

City

State | Zip Code | Country

E-Mail Address | Phone Number

Relationship | If "Other" Explain

Payment Information

Certificate Type | Number of Copies @$25 Each

Postage
- ○ Standard Mail *$0.78 1-2 copies, $2.00 for 3-5 copies, $3.00 for 6-10 copies, $4.00 for 11 or more copies*
- ○ Express Mail - $35.90

Total Charges (Copies + Postage)

Payment Method

- ☐ Personal Check
- ☐ Cash
- ☐ Money Order
- ☐ Credit Card

Send this application with payment to:
Licking County Health Dept.
675 Price Rd., Newark OH 43055 For faster processing you may pay by *Credit Card* by calling: (740) 349-6535
Mon.-Fri. 8AM-5PM

Credit Card information:

Name on Card: _____

Billing Address _____

City _____ State _____ ZIP _____

Card Type ◯ VisaCard ◯ MasterCard

Card Number _____

Security Code _____ Expiration Date _____

Signature _____ Date _____

I hereby certify that the Licking County Health Department, doing business as LICKING CO HEALTH POS, may charge my credit card for the amount stated above and attest that all other information is true to the best of my knowledge.