

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 \$3.00 for 6-10 copies	
	☐ Express Mail - \$38.25	\$2.00 for 3-5 copies \$4.00 for 11 or more copies	
			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.