

**HURON COUNTY GENERAL HEALTH DISTRICT**

Bureau Of Vital Statistics  
180 Milan Avenue  
Norwalk, Ohio 44857-1168

**\$20.00 PER COPY**

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REQUEST for CERTIFIED COPY of BIRTH or DEATH CERTIFICATE  
(When requesting by **mail** enclose a **self-addressed stamped envelope**)

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Name of person on certificate \_\_\_\_\_

**For Birth Certificate:**

Date of Birth \_\_\_\_\_  
(Month, Day, Year)

**For Death Certificate:**

Date of Death \_\_\_\_\_  
(Month, Day, Year)

**Number** of copies requested \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE** of person requesting certificate

\_\_\_\_\_  
(Requestor's Current Address)

For office use only (DO NOT WRITE BELOW THIS LINE)

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Certificate Number \_\_\_\_\_

Date \_\_\_\_\_

*(Fees are subject to change)*