

# VITAL STATISTICS REQUEST FORM

HURON COUNTY GENERAL HEALTH DISTRICT  
180 MILAN AVENUE, SUITE 8  
NORWALK, OH 44857  
419-668-1652 EXT. 223

**ALL SALES  
ARE FINAL**

**\$25.00** Per Certified Copy

Make checks payable to – Huron Co. Health Dept.

**\*PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE WITH REQUEST\***

Fill out this part if needing a birth certificate

## BIRTH CERTIFICATE REQUEST

Name at Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

City Where Born \_\_\_\_\_

Number of Copies \_\_\_\_\_

Fill out this part if needing a death certificate

## DEATH CERTIFICATE REQUEST

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

City Where Death Occurred \_\_\_\_\_

Number of Copies \_\_\_\_\_

## PERSON REQUESTING CERTIFICATE

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

### Health Department Use Only

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

Date Processed \_\_\_\_\_