

**VAN WERT COUNTY GENERAL HEALTH DISTRICT
VITAL STATISTICS
APPLICATION FOR BIRTH OR DEATH CERTIFICATE**

CERTIFIED COPY.....\$23.00

CHECK ONE: CERTIFIED BIRTH _____
 CERTIFIED DEATH _____

TODAY'S DATE _____

BIRTH

NAME AT BIRTH _____
DATE OF BIRTH _____
PLACE OF BIRTH (COUNTY) _____
FATHER'S NAME _____
MOTHER'S FULL MAIDEN NAME _____
SIGNATURE _____
ADDRESS _____
 Street/Road City State Zip code
PHONE NUMBER _____

DEATH

NAME OF DECEASED _____
DATE OF DEATH _____
PLACE OF DEATH _____
SIGNATURE _____
ADDRESS _____
 Street/Road City State Zip code
PHONE NUMBER _____

SEND REQUEST TO:

Van Wert County Health Department
1179 Westwood Drive, Suite 300
Van Wert, Ohio 45891

PLEASE ENCLOSE:

Request Form
Certified Check or Money Order
(No personal checks please)
Must be made payable to "Van Wert County Health Department"
Self-Addressed, Stamped Envelope