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

CERTIFIED COPY……....$17.00 each.

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

DEATH

NAME OF DECEASED_____
DATE OF DEATH_____
PLACE OF DEATH_____
SIGNATURE_____
ADDRESS_____
Street/Road City State

SEND REQUEST TO:

Van Wert County Health Department
140 Fox Road, Suite 402
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