

State of Ohio  
Department of Health  
Bureau of Vital Statistics  
PO Box 15098  
Columbus, OH 43215-0098

Certificate Number
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## APPLICATION FOR CERTIFICATE OF PUBLIC RECORD

### SECTION 5905.18 CERTIFICATE OF PUBLIC RECORD WITHOUT CHARGE.

When a copy of any public record is required by the veterans' administration to be used in determining the eligibility of any person to participate in benefits made available by the veterans' administration or in the furtherance of any proceedings under sections 5905.01 to 5905.19, inclusive, of the Revised Code, the official custodian of such public record shall without charge provide the applicant for such benefits, any person acting on his behalf, or the authorized representative of the veterans' administration with a certified copy of such record.

*Effective Date: 10-01-1953*

Application is hereby made for a certified copy of the birth / death certificate of:

_____	_____	_____
NAME	DATE OF OCCURRENCE	PLACE OF OCCURRENCE
_____	_____	_____
NAME	DATE OF OCCURRENCE	PLACE OF OCCURRENCE

### CERTIFICATION

This is to certify that an official copy of the record indicated above is required by the U.S. Veteran's Administration in connection with a claim on account of \_\_\_\_\_ who served in \_\_\_\_\_ in the U.S. \_\_\_\_\_.

NAME  
YEARS OF SERVICE      BRANCH OF SERVICE

THIS CERTIFICATION MUST BE SIGNED BY THE BENEFICIARY OR AN OFFICIAL OF THE U.S. VETERAN'S ADMINISTRATION; AN OFFICER OF A POST, COUNCIL OR STATE DEPARTMENT OF THE AMERICAN LEGION, THE UNITED SPANISH WAR VETERANS; THE GRAND ARMY OF THE REPUBLIC OF VETERANS OF FOREIGN WARS OR THE STATE COMMISSIONER OF SOLDIERS CLAIMS OR AMERICAN RED CROSS, DISABLED AMERICAN VETERANS OF THE WAR, AND AMVETS, DEPARTMENT OF OHIO.

#### BENEFICIARY

Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Date \_\_\_\_\_

OR

#### OFFICIAL OR OFFICER

Signature \_\_\_\_\_  
Title \_\_\_\_\_  
POST NUMBER      NAME OF ORGANIZATION  
Location \_\_\_\_\_  
Date \_\_\_\_\_

ONLY **ONE** SIGNATURE IS REQUIRED

