

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

Certificate Number

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. _____.

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