

**MEDINA COUNTY HEALTH DEPARTMENT – VITAL STATISTICS  
APPLICATION FOR CERTIFIED COPY**

---

PLEASE PRINT CLEARLY

☐ BIRTH CERTIFICATE

☐ DEATH CERTIFICATE

FULL NAME (ON THE CERTIFICATE) \_\_\_\_\_

DATE OF OCCURRENCE \_\_\_\_\_ LOCATION \_\_\_\_\_

Requester Name \_\_\_\_\_

Requester Signature \_\_\_\_\_

**TYPE OF PAYMENT:**

\_\_\_\_\_ # of certificates requested

CHECK \_\_\_\_\_

X \$25.00 price per certificate

MONEY ORDER \_\_\_\_\_

\_\_\_\_\_ SUBTOTAL

VISA / MASTER CARD \_\_\_\_\_

+ \$1.00 service fee (not applicable if you are picking  
up the certificate in person or are a Medina  
County resident)

\_\_\_\_\_ TOTAL DUE

Signature of Card Holder \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CV Code (three digit code on back of card) \_\_\_\_\_

Daytime Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Mail this request to:

Medina County Health Department  
Attn: Vitals  
4800 Ledgewood Dr.  
Medina, OH 44256

Revised 12/2021

Requests are generally processed the day they are received.