

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:

CHECK _____

MONEY ORDER _____

VISA / MASTER CARD _____

_____ # of certificates requested

X \$24.00 price per certificate

_____ SUBTOTAL

+ \$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