



Kent City Health Department

BIRTH CERTIFICATE

Records Request Instructions

Notice to All Vital Statistics Customers:	Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.
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Records We Have On File:

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908.

Who Can Order A Record:

Birth Certificates are public record in Ohio. This means that anyone who can submit the basic facts of a record may request a copy. Birth records we issue are official original "Certificates of Birth" with a raised seal, with the exception of you indicating that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings (name change; adoption) or genealogy.

How to obtain a Birth Certificate:

Birth Certificates in Person: 8:00 am until 4:00 pm (last order taken at 3:50 pm), Monday – Friday; closed for: New Year's Day, MLK Day, Memorial Day, July 4th, Labor Day, Veterans Day, Thanksgiving & Friday after, and Christmas Day.

Birth Certificates by Mail:

Please carefully complete the attached "Application for Certified Birth Certificates." Mail to: Kent City Health Dept., 201 – G E. Erie Street, Kent, Ohio 44240 with your preferred method of payment and a self-addressed stamped letter sized envelope. Mail orders cost \$24 each and are normally addressed the same day as received. You may choose to pay by check, money order or debit or credit card.

Birth Certificates by Email:

Email completed applications to: kentvitalstats@kent-ohio.org If you choose to leave the credit/debit card information blank, you will receive an email that we have received your order and you will need to call 330-678-8109, or we may call you for payment. If you do not hear from us or receive a reply email within 24 hours, we may not have received your request.

Birth Certificates by Phone (for out of state orders only):

We may accept telephone orders for an **emergency situation only** by credit card for those who are currently living out of state but were born in Ohio. Please have your birth certificate information ready: full birth name, birthdate, parents' full names and your current mailing address and a bank card number, call 330-678-8109 to be considered for this option.

Fees:

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee for each certified copy of a birth record is \$24.00 each. A \$1.00 convenience fee will be added to telephone and email orders.

Kent City Health Department - Vital Statistics Phone: 330-678-8109
 201 E. Erie St. 2nd Floor / Hours: 8:00 am until 4:00 pm (Last order taken at 3:50 pm)

APPLICATION FOR CERTIFIED BIRTH CERTIFICATES Fee: \$24.00 each

COMPLETE AND SUBMIT THIS APPLICATION WITH PAYMENT

**TO ORDER BY MAIL, SEND TO: Kent City Health Department
 201 – G East Erie Street
 Kent, OH 44240**

MAIL ORDERS MUST INCLUDE: SELF-ADDRESSED POSTAGE PAID RETURN ENVELOPE
 IF YOU DO NOT INCLUDE A POSTAGE PAID ENVELOPE INCLUDE OR BE CHARGED A \$1.00 CONVENIENCE FEE

BIRTH RECORD INFORMATION- FULL NAME AS LISTED ON THE RECORD Print Clearly:

*First:	* Middle:	*Last Name (as listed Birth Record):	<i>Name given at birth if amended</i>
*Date of Birth:		City / County in Ohio where birth occurred:	
*Parent- Full Name at Time of Child's Birth:		*Parent- Full Name at Time of Child's Birth:	
*Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father		*Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father	
*List last name prior to 1st marriage/maiden name:		*List last name prior to 1st marriage/maiden name:	

PURCHASER'S INFORMATION Please Print Clearly: *REQUIRED

*Purchaser's Name		*Date	
*Street Address		*Phone#	
*City, State, & ZIP		*Signature	

CHARGES Please Complete:

*Birth	<p align="center">Is this copy needed for any of the following purposes? Dual Citizenship, Foreign Passport (not USA's), Out of the Country Marriage, Adoption, Court Proceeding or Genealogy: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>*Payment Options: Debit/Credit Cash Check Money Order</p>	<p>*Checks and Money Orders should be made payable to: Kent City Health Department <i>Returned (NSF) checks - \$20.00 Fee</i></p> <p>_____/_____/_____ Debit / credit #</p> <p>EXP _____ / _____ MM YY CVV</p>	<p align="center">Check/MO # _____</p> <p align="center">Number of copies requested: _____ x \$24.00 + \$1.00 if applicable = \$ _____</p>

CASH / CARD / CK or MO #
 RECPT# _____

Last _____

First _____