

New restrictions regarding medical information as per HIPAA and other applicable laws have been instituted as of April 14, 2003. This document must be completed in full by anyone requesting a birth or death certificate.

THE CITY OF SHELBY,
OHIO HEALTH DEPARTMENT
43 West Main Street
Shelby, OH 44875

APPLICATION FOR CERTIFIED COPY/COPIES OF BIRTH AND/OR DEATH CERTIFICATES

Today's Date: _____

Birth Death

Name of person(s) on certificate and date of birth or death. **We must have a complete date including month, day, and year. Our system is filed by date not by name.**

First Name, Middle Initial and Last Name

Date of Birth or Date of Death

How many copies do you want? _____ The fee is \$25.00 per copy.

If paying by check, please make check out to: CITY OF SHELBY.

Name of person completing this application:

Relationship to the person(s) above _____

Print Name _____

Applicant's Signature _____

Street Address _____

City, State and Zip _____

Phone Number _____

FOR OFFICE USE ONLY

Receipt No. _____ Serial Number _____

Serial Number _____ Serial Number _____

Serial Number _____ Serial Number _____

Serial Number _____ Serial Number _____

Serial Number _____ Serial Number _____