

Oakwood, Montgomery County • Bureau of Vital Statistics
Application for Certified Copies
 ORC SECTION 3705.23 (A) (1)

FOR OAKWOOD USE ONLY		
BATCH #		
DATE	MR TYPE 44	
(\$16.50 each)	230.000.42630	\$
(\$3 each)	230.000.42640	\$
(\$9 each)	230.000.42660	\$
(\$1.50 each)	230.000.42670	\$
(permit @ \$3.00)	230.000.42650	\$
TOTAL		\$
SECURITY PAPER #'(S)		
THRU		

IMPORTANT

Intended for Oakwood, Montgomery County, records only.

The required fee is \$30.00 per copy for a certified certificate.

Please do not send cash through the mail.

Notice—Fee overpayment of \$2.00 or less will not be refunded—ORC 3705.24

CHECK APPROPRIATE BOX(ES)

Birth Certificate
 Death Certificate (w/ SSN)
 Death Certificate (w/o SSN)
 V.A. Copy

PLEASE **PRINT** THE INFORMATION BELOW

Name on certificate		First	Middle	Last
Date of birth or death		Number of certificates requested		<input type="checkbox"/> Burial permit requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's name on certificate		First	Maiden	
Father's name on certificate		First	Last	
Name of applicant			Phone number of applicant	
Address			State	Zip Code
To your knowledge, has a copy of this record been obtained before?		To your knowledge, have any corrections/changes been made to this certificate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Applicant's signature		Date	Phone ()	
Amount Due \$				

When the application has been completed, please send to the address below.

CITY OF OAKWOOD
 VITAL STATISTICS
 30 PARK AVE
 OAKWOOD, OH 45419-3400

PLEASE PROVIDE A SELF-ADDRESSED, STAMPED ENVELOPE FOR ALL CERTIFICATES TO BE MAILED.
THE OAKWOOD HEALTH DEPARTMENT WILL NOT BE RESPONSIBLE FOR MAILED CERTIFICATES NOT RECEIVED BY THE INTENDED RECIPIENT.