APPLICATION for CERTIFIED COPIES
Gallia County General Health District
499 Jackson Pike, Suite D
Gallipolis, OH 45631

A signed application is required by law, ORC 3705.23 (A)(1) and must be submitted with the established fee before a certified copy of a vital record can be issued.

Check the type of record you are requesting: _____Birth _____Death

Please print below the information about the requested certificate

<table>
<thead>
<tr>
<th>Name on Record</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of the (birth or death)</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

(the next two lines are for birth requests only)

<table>
<thead>
<tr>
<th>Parents Name: Mothers First</th>
<th>Mothers Middle</th>
<th>Mothers Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers First</td>
<td>Fathers Middle</td>
<td>Fathers Last</td>
</tr>
</tbody>
</table>

Have any corrections/changes been made to this certificate:

_________Yes  _________NO  ________Unknown

Your Name:
(Please Print)   (Please Sign)

Your Address:   Your Phone Number:

City:   State:   Zip:

Today’s Date:   Number of Copies: $25.00 each, Cash or Money Order ONLY, No Personal Checks, No Debit or Credit Cards Accepted! Please enclose a self-addressed stamped envelope.

For Office Use Only: