

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

Name on Record	First	Middle	Last
Date of the (birth or death)	Month	Day	Year
(the next two lines are for birth requests only)			
Parents Name: Mothers First		Mothers Middle	Mothers Maiden Name
Fathers First		Fathers Middle	Fathers Last
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:			