

APPLICATION for CERTIFIED COPIES

Gallia County General Health District

499 Jackson Pike, Suite D

Gallipolis, OH 45631

(740) 441-2941

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
Place of Birth/Death (City/County in Ohio): _____			
(the next two lines are for birth requests only)			
Parents Name: Mothers First	Mothers Middle	Mothers Maiden Name	
Fathers First	Fathers Middle	Fathers Last	
Your Name: _____ (Please Print) (Please Sign)			
Your Address		Your Phone Number:	
City	State	Zip	
Today's Date:	Number of Copies:	\$25.00 each, Cash, Money Order or Debit/Credit Cards Accepted! NO PERSONAL CHECKS Please enclose a self-addressed stamped envelope.	
For Office Use Only:			