



# Kent City Health Department

## BIRTH CERTIFICATE

### Records Request Instructions



<b>Notice to All Vital Statistics Customers:</b>	Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.
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#### **Records We Have On File:**

Vital Statistics electronically maintains all birth records filed in Ohio after December 20, 1908.

#### **Who Can Order A Record:**

Birth Certificates are public record in Ohio. This means that anyone who can submit the basic facts of a record may request a copy. Birth records we issue are official original "Certificates of Birth" with a raised seal, with the exception of you indicating that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings (name change; adoption) or genealogy.

#### **How to obtain a Birth Certificate:**

##### **Ordering Birth Certificates Online:**

Most convenient method to request certified copies of Ohio Birth records. Current delivery options are by regular USPS first class mail, USPS priority mail or by in-person pick up. Go to: <https://kentoh.permitium.com>. *Additional service fees per transaction will apply.* Valid credit/debit cards are accepted.

**Pick-up Hours:** 8:00 am until 4:00 pm (*last order taken at 3:50 pm*), Monday – Friday; closed for: New Year's Day, MLK Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Veterans Day, Thanksgiving & Friday after, and Christmas Day.

##### **Birth Certificates by Mail:**

Please carefully complete page 2- Application for Certified Birth Certificates. Mail to: Kent City Health Dept., 201 – G E. Erie Street, Kent, Ohio 44240 with your preferred method of payment and a large self-addressed postage paid traceable return envelope. Mail orders are normally processed within 1-3 business days. You may choose to pay by check or money order.

##### **Birth Certificate Fee:**

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The Kent City Health Department fee for each certified copy of a birth record is \$24.00 each. Please make all checks and money orders payable to: Kent City Health Department.

*The Kent City Health Department is not authorized to issue or fax uncertified copies of birth certificates.  
All sales are final upon issuance, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.*

# Kent City Health Department - Vital Statistics

## APPLICATION FOR CERTIFIED BIRTH CERTIFICATES

*\*Mail Ordering: Must include a self-addressed stamped (postage paid) traceable return envelope*

*Note: Orders received are normally processed in 1-3 business days, and will be sent in a customer provided return envelope with or without a traceable method. \* Kent City Health Department is not responsible for delays with mail or any shipment deliveries.*

**TO: Kent City Health Department  
201-G East Erie St.  
Kent, OH 44240**

RECEIPT# \_\_\_\_\_  
CK or MO # \_\_\_\_\_

<b>Payment Options:</b> *Check or Money Order	<b>*Checks &amp; Money Orders should be made payable to:</b> <b>Kent City Health Department</b> <i>(Returned (NSF) checks - \$20.00 Fee)</i>	<p style="text-align: center;"><b><u>CHARGES</u></b></p> # of copies requested _____ x <b>\$24.00 EACH</b>  Total \$ _____
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**BIRTH RECORD INFORMATION- FULL NAME AS LISTED ON THE RECORD** Print Clearly:

<b>*First:</b>	<b>* Middle:</b>	<b>*Last Name (as listed on Birth Record):</b>	<i>Name given at birth if amended:</i>
<b>*Date of Birth:</b>		<b>City / County in Ohio where birth occurred:</b>	
<b>*Parent- Full Name at Time of Child's Birth:</b>		<b>*Parent- Full Name at Time of Child's Birth:</b>	
Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <u>List parent last name prior to 1st marriage/maiden name:</u>		Person above is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <u>List parent last name prior to 1st marriage/maiden name:</u>	

LAST

**PURCHASER'S INFORMATION** Please Print Clearly: \*REQUIRED

*Purchaser's Name		*Date	
*Street Address		*Phone#	
*City, State, & ZIP		*Signature	

**Is the certified copy needed for any of the following purposes? PLEASE SELECT:**

- Dual Citizenship  
  Foreign Country Passport (not USA's)  
  Foreign Country Marriage  
 Adoption Processing  
  Court Proceeding  
  Genealogy  
  Other: List \_\_\_\_\_

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FIRST