

BIRTH/DEATH CERTIFICATE REQUEST FORM

***** Mail (at address below) or Fax this form to (440) 204-2550 *****

Please provide the following information as it appears on the certificate you are requesting:

Please check one: BIRTH record DEATH Record

Full Name of Person on Certificate: _____

Date of Birth / Death: Month _____ Day _____ Year _____

Place of Birth / Death _____

Name of Father: _____ Maiden Name of Mother: _____
(Mother's name prior to first marriage)

Mail Certificate to: Name _____

(Please print) Address _____

City/State/Zip _____

Daytime Telephone Number: _____

Email Address (optional): _____

Requesting (quantity) _____ Birth / Death Certified Certificates at \$25.00ea = _____

Express Shipping Fee (\$35.00) (optional) _____

Handling / Processing Charge 7.00

Total Amount Being Paid \$ _____

Signed: _____ Date: _____

Please check METHOD OF PAYMENT: CASH MONEY ORDER VISA/MC/DISCOVER/AMEX

Make money order or certified/bank check payable & mail to:

LORAIN CITY HEALTH DEPARTMENT

(NO PERSONAL CHECKS ACCEPTED)

1144 West Erie Avenue

Lorain, Ohio 44052-1496

***TO PAY BY VISA / MC / Discover/AmEx fill out the information below:**

Please Note: Your credit card will not be charged until we verify your record and process your request.

Visa / MC Account Number _____

Expiration Date _____ Last three digits on signature panel on back of card _____

Cardholder's Full Mailing address: _____

Cardholder's Name (print) _____

Cardholders Signature _____

Daytime Telephone Number (_____) _____

INTERNAL USE ONLY: Date Issued _____ Document Number _____ EMPLOYEE: _____