

PUTNAM COUNTY HEALTH DEPARTMENT

Application for Ohio Certified Death Record Copies



As of January 1, 2025, the fee for a search of an Ohio vital record is \$27.00 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). Any amount paid in excess of 27.00 by more than 2.00 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including decedent's full name, date of death, and city or county where the death occurred. We search and provide Ohio death records from present date and previous 50 years only. Requests submitted online or in person will be searched and fulfilled within five business days.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

PUTNAM COUNTY HEALTH DEPARTMENT
 256 Williamstown Road
 Ottawa, OH 45875
 419-523-5608

CHECK ONE:

Death Certificate

\$27.00 per certified copy

Stillbirth Abstract (20 weeks or less gestation ?)

(No Cause of Death) Free to birth parents only

Fetal Death Certificate

(Cause of Death Shown) 27.00 per certified copy

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record)

Full Name (Decedent's full name at time of death):

Date of Birth:	Date of Death:	City and County Where the Death Occurred:
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FEES (Please make checks / money orders payable to the PUTNAM COUNTY HEALTH DEPARTMENT)

DEATH:

Select One:

- No, I do not need the Social Security Number included.
- Yes, I request a copy with the Social Security Number included. (If yes, and the death occurred within the last 5 years of today's date, you must attach a copy of your identification showing you are an authorized requestor.) *See below for authorized requestors.

Number of Death Record Copies:

_____ x \$27.00
 = \$ _____

TOTAL AMOUNT DUE: **Do NOT send cash. Make checks / money orders payable to the Putnam County Health Department.**

\$ _____

FOR OFFICE USE ONLY:

Date:	Audit Paper #s:	
Method of Payment:	Receipt #:	Employee:

*Authorized Requestors: Spouse or legal partner, natural or adopted child, natural or adopted grandchild, natural or adopted great-grandchild, Veterans Affairs officer or official, local, state, or federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of the decedent's estate, agent with power of attorney, any person authorized by law to act on behalf of the decedent or the decedent's estate.