



Kent City Health Department

Death Certificates

Records Request Instructions

**Notice to All
Vital Statistics
Customers:**

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.

Records We Have On File:

This Vital Statistics office maintains copies of death records filed from 1909-present.

Who Can Order A Record:

Vital records (deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy. Please carefully complete one application form for each record or search requested. Please submit your applications with all requested identifying information.

Death Certificates in Person: 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 4th, Labor Day, Veterans Day, Thanksgiving & Friday after, and Christmas Day.

Death Certificates by mail:

Please carefully complete the attached “Application for Certified Death Certificates.” Mail to: Kent City Health Dept. 201-G E. Erie St., Kent, Ohio 44240. Be sure to include your preferred method of payment and a self-addressed stamped envelope. Mail orders cost \$24 each and are normally turned around the same day as received. You may choose to pay by check, money order or debit or credit card.

Funeral Homes- Death Certificates by Email and E-File:

You may email your original signed death certificate and/or application for a certified copy to: kentvitalstats@kent-ohio.org If you are E-filing a death certificate please be sure it is of near original quality, legible and fully complete or it will be rejected. If you choose to leave the credit/debit card information blank, you will receive an email that we have received your order and you will need to call 330-678-8109, or we may call you for payment. If you do not receive an email from us within 24 hours we may not have received your request. There is a \$1.00 convenience fee for this option unless you make arrangements to pick up your copies.

Death Certificates and Social Security Number:

As of October 15, 2015, for the first five (5) years after the date of death, the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased’s spouse, or lineal descendant
- The deceased’s executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased’s family
- A veteran’s service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate it on their application, and submit satisfactory identification to our office.

Fees:

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 fee at this office for each certified copy of a death or fetal death record is \$24.00 each. Please make all checks and money orders payable to: Kent City Health Department.

APPLICATION FOR CERTIFIED DEATH CERTIFICATES: Fee \$24.00 each

COMPLETE AND SUBMIT THIS APPLICATION WITH PAYMENT

**TO ORDER BY MAIL, SEND TO: Kent City Health Department
201 – G East Erie Street
Kent, OH 44240**

MAIL ORDERS MUST INCLUDE: SELF-ADDRESSED POSTAGE PAID RETURN ENVELOPE

IF YOU DO NOT INCLUDE A POSTAGE PAID ENVELOPE INCLUDE OR BE CHARGED A \$1.00 CONVENIENCE FEE

DEATH RECORD INFORMATION Please Print Clearly

First:	Middle:	Last Name (as listed on Death Record):
Date of Death:		What City in Portage County did Death occur?
Social Security # intact YES or NO because I am: <input type="checkbox"/> The deceased's spouse, or lineal descendant (<i>husband, wife, child, grandchild</i>) <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family		<input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media <input type="checkbox"/> None of the above You must attach a copy of your executor documents, the Will, your ID and/or birth certificate showing you are the authorized requestor. This applies only to a deaths occurring in the last 5 years.

PURCHASER'S INFORMATION Please Print Clearly:

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

CHARGES Please Complete:

Payment Options: Credit/Debit Cash Check Money Order	_____ / _____ / _____ / _____ Debit / credit #	Number of copies requested: _____ x \$24.00 + \$1.00 if applicable = \$ _____ Burial permit \$3.00 Yes / No
	EXP _____ / _____ MM YY CVV	Total \$ _____

Make check or money orders payable to: Kent City Health Department

Returned (NSF) checks - \$20.00 Fee

CASH / CARD / CK or MO #
RECPT# _____

Last _____
First _____
BP / VA _____
AFFS _____
SUPPS _____