



# Kent City Health Department

## BIRTH CERTIFICATE

### 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:**

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:**

Our office is not open to the public. However, we will try to accommodate your needs to the best of our ability. Mail order is our preferred method of delivery at this time.

**Birth Certificates by mail:**

Please carefully complete the attached "Application for Certified Birth Certificates." Mail to: Kent Central Gateway, Kent City Health Dept., 201 – G E. Erie Street, Kent, Ohio 44240 with your preferred method of payment and a self-addressed stamped letter sized envelope. Mail orders cost \$24 each and are addressed the same day as received. You may choose to pay by check, money order or debit or credit card.

**Birth Certificates by Email & Credit Card by phone:**

You may email us your completed application to: [kentvitalstats@kent-ohio.org](mailto:kentvitalstats@kent-ohio.org) Please do not include your credit card number on your form, you will receive an email that we have received your order and you will need to call 330-678-8109 with your credit card number. 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.

**Birth Certificates by Phone for out of state orders only:**

We will accept telephone orders by credit card for those who are currently living out of state but were born in Ohio. There is a \$1.00 convenience fee for this option. Please have your Birth Certificate information (birth name, birthdate, parents' full names and your current mailing address) as well as your credit card number ready for the order and call us at 330-678-8109.

**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 for each certified copy of a birth record is \$24.00 each. A \$1.00 convenience fee is added email orders.

**Kent City Health Department - Vital Statistics Phone: 330-678-8109**  
**APPLICATION FOR CERTIFIED BIRTH CERTIFICATES Fee: \$24.00 each**

RECPT# \_\_\_\_\_  
 CARD / CK or MO # \_\_\_\_\_

*MAIL ORDER with Self addressed postage paid envelope*

COMPLETE AND SEND THIS APPLICATION WITH PAYMENT

Kent City Health Department  
 201-G E. Erie Street  
 Kent, OH 44240

EMAIL ORDERS: [KENTVITALSTATS@KENT-OHIO.ORG](mailto:KENTVITALSTATS@KENT-OHIO.ORG)

A \$1.00 CONVENIENCE FEE WILL ADDED FOR CREDIT CARD ORDERS

**BIRTH RECORD INFORMATION- FULL NAME AS LISTED ON THE RECORD** Print Clearly:

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

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

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

**CHARGES** Please Complete:

*Birth	Is this copy needed for any of the following purposes? Dual Citizenship, Foreign Passport (not USA's), Out of the Country Marriage, Adoption, Court Proceeding or Genealogy: <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Payment Options: Debit/Credit Check Money Order Or Cash	*Checks and Money Orders should be made payable to: <b>Kent City Health Department</b> _____ / _____ / _____ / _____ Debit / credit # EXP _____ / _____ MM YY CVV	Check/MO # _____ Mail or Email orders: Number of copies requested: _____ x \$24.00 + \$1.00 = \$ _____
Check or money orders accepted: <b>Payable to: Kent City Health Department</b> <i>Returned (NSF) checks - \$20.00 Fee</i> <b>Telephone or Email orders will incur a \$1.00 convenience fee.</b>		

Last \_\_\_\_\_  
 First \_\_\_\_\_