

VITAL RECORD REQUEST

**Perry County Health Department**

212 South Main Street PO Box 230  
New Lexington OH 43764  
Phone: (740) 342-5179

DO NOT USE THIS FORM IF THE BIRTH/DEATH DID NOT OCCUR IN PERRY COUNTY

**ALL RECORDS ARE CERTIFIED LEGAL COPIES**

**\$ 20.00 per certificate**

**Checks/Cash or Money Order Only**

**No Credit/Debit Cards Accepted**

(Circle One)

Birth Record or Death Record

Number of Copies Requested: \_\_\_\_\_

NAME ON RECORD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

or

DATE OF DEATH: \_\_\_\_\_

**For Birth Certificates please provide the following information:**

Place of Birth: \_\_\_\_\_ Person's Age Now: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**APPLICANT'S SIGNATURE and ADDRESS: (Required)** \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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**For Office Use Only**

Audit Number(s) \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_