

Vital Statistics Application

Wood County Health District
1840 E. Gypsy Lane
Bowling Green, OH 43402
419-354-1050 or 866-861-9338

ALL SALES ARE FINAL

Please Check Birth or Death Certificate

BIRTH CERTIFICATE

Certified Fee: \$23.00

Number of Certified Copies _____

Protective Sleeve (\$1.00) _____

(Cash or Check **ONLY**)

(Please Print)

Name on Certificate _____

Date of Birth _____

County of Birth _____

Mother's Name at Birth _____

Father's Name _____

The following are some examples for which certified copies must be used:

Passports
School Registration
Driver's License
Traveling Out of the Country
Social Security
State I.D.
Insurance Purposes
Court Purposes

1

DEATH CERTIFICATE

Certified Fee: \$23.00

Number of Certified Copies _____

(Cash or Check **ONLY**)

(Please Print)

Name on Certificate _____

Date of Death _____

Location of Death _____

Burial Permit Fee: \$3.00

Permit Requested: _____

2

3

Signature _____ Date: _____
(Person requesting certified copies)

Received By _____ (Please Print)
Certified Copies:

4

Name _____

Street _____

City, State, Zip _____

Phone #: _____

Health Department Use Only

Date Requested _____ Amount Paid _____ Check # _____

Receipt No. _____ Certified Paper No. _____ Cash