

## Application for Ohio Certified Records Wood County Vital Statistics

# DEATH

**QUESTIONS/INQUIRIES**

(419) 354-1050

**Hours of Operation - Excluding Legal Holidays**

**Monday – Friday: 8:30am – 4:30pm**  
Closed 12:30-1:30pm for lunch.

SECTION 1	<b>PURCHASER INFORMATION – Person requesting the record. Please print clearly.</b>			
	Applicant Name:		Phone:	
	Street Address:			
	City, State, Zip:			
	Signature:		Date:	

SECTION 2	<b>DEATH RECORD INFORMATION – Person on the requested record. Please print clearly.</b>		
	Decedent's Full name at Time of Death (First/Middle/Last/Suffix):		
	Date of Death:	Date of Birth:	City and/or County where Death Occurred:
<input type="checkbox"/> NO, I do not need Social Security Number (SSN) included.			
<input type="checkbox"/> YES, I request a copy with SSN included. <b>*Must be an Authorized Requestor and provide proof of identity.</b>			
<i>*Authorized Requestors: Spouse/legal partner, natural/adopted child, natural/adopted grandchild, natural/adopted great-grandchild, Veteran's Affairs official, local/state/federal law enforcement official or agency, funeral director or authorized representative, executor or administrator of decedent's estate, agent with power of attorney, or any person authorized by law to act on behalf of the decedent/decedent's estate.</i>			

SECTION 3	<b>ORDER INFORMATION</b>			
	Number of Certificates: _____	\$25 each	We accept Cash, Checks (in-state) or Money Orders (payable to Wood County Health Dept.) and MC, Visa, Discover, or American Express with an additional processing fee. <b>All sales are final.</b>	
	Number of Protective Sleeves: _____	\$1 each		
	TOTAL DUE: \$ _____			
	<b>FOR MAIL REQUESTS:</b>			
Orders must include a self-addressed stamped return envelope <b>OR</b> \$3.00 added to your order for postage. Orders received without an envelope or additional fee, will not be processed. <b>All sales are final. We are not responsible for lost/stolen/damaged orders.</b>		Mail completed application, payment, and return envelope to: <b>Wood County Health Dept. – Vital Statistics</b> <b>1840 E. Gypsy Lane Rd., Bowling Green, Ohio 43402</b>		
<b>For Mail-in Orders Paying via Credit/Debit Card: Do not complete if paying in person.</b>				
Name on Credit Card	Card Number	Exp. Date (MM/YY)	CCV #	

<b>OFFICE USE ONLY</b>			
Date ____/____/____	Total Paid \$ _____	Cash ___ CC ___	Check/MO# _____
Receipt # _____	Certified Paper # _____	Mailed/Picked-up ____/____/____	
Notes: _____			
Updated 12/2025			