



\$22.00 each

Cash, Check, Money Order, Accepted

Birth & Death Record Request

Form with two columns: 'FOR BIRTH CERTIFICATES' and 'FOR DEATH CERTIFICATES'. Each column contains fields for Name on Record, Did birth/death occur in Muskingum County?, Date of Birth/Death, HOME/HOSPITAL, Mother's/Father's Name, and Number of Copies Requested.

YOUR SIGNATURE AND ADDRESS ARE REQUIRED:

A signed application is required by law, ORC 3705.23 (A) (1) and must be submitted with the established fee before a certified copy of a vital record can be issued.

Signature: _____

Address: _____

Zanesville-Muskingum County Health Department 205 North 7th Street Zanesville Ohio 43701
www.zmchd.org 740.454.9741

EQUAL OPPORTUNITY EMPLOYER/PROVIDER

Office Use Only:

Date:

Total:

Certificate #:

Receipt #: