



Birth/Death Certificate Request

CLERMONT COUNTY GENERAL HEALTH DISTRICT

2275 Bauer Rd.
Suite 300
Batavia, Ohio 45103-1930

Phone: (513) 732-7499
Fax: (513) 732-7936
E-mail: cchealth@co.clermont.oh.us
<http://www.clermonthealthdistrict.org>

Fee \$23.00 Each Certified Copy

Birth Certificates:

Full Name at Birth: _____

Date of Birth _____ Place of Birth _____

Name of person making application _____

Address _____ Phone # _____

**SIGNATURE OF APPLICANT: _____

Death Certificates:

Name of Deceased _____

Date of Death _____

Place of Death _____

Applicant's Name _____

Applicant's Address _____

(Street)

(City)

(Zip Code)

Applicant's telephone number _____

Relationship to deceased _____

** SIGNATURE OF APPLICANT _____

-----DO NOT WRITE BELOW THIS LINE-----

Date received _____ Date issued _____

Amount received _____