

Licking County Health Department Vital Record Request

Application for: Birth Certificate
 Death Certificate
 Death Certificate for a Coroner's Case

For the following person:

First Name		Middle Name	
Last Name		Suffix	
Father's Name			
Mother's Maiden Name			
Date of Birth	<input type="text"/>	Place of Birth	
Date of Death	<input type="text"/>	Place of Death	

REQUESTOR'S INFORMATION

Name			
Address 1			
Address 2			
City			
State	Zip Code	Country	
E-Mail Address		Phone Number	
Relationship		If "Other" Explain	

Payment Information

Certificate Type		Number of Copies @\$25 Each	
Postage	Standard Mail	\$0.50	Total Charges
	Express Mail	\$24.70	(Copies + Postage)

Payment Method Personal Check
Cash
Money Order
Credit Card

Send this application with payment to:
Licking County Health Dept.
675 Price Rd., Newark OH 43055
For faster processing you may pay by
Master Card or Visa by calling:
(740) 349-6535 Mon.-Fri. 8AM-5PM

Credit Card information:

Name on Card:

Billing Address

City

State

ZIP

Card Type

VisaCard

Card Number

MasterCard

Security Code

Expiration Date

Signature

Date

I hereby certify that the Licking County Health Department, doing business as LICKING CO HEALTH POS, may charge my credit card for the amount stated above and attest that all other information is true to the best of my knowledge.