Preble County Public Health Vital Statistics
APPLICATION FOR CERTIFIED COPIES

Birth Certificate – abstract $25.00 per certified copy	☐	**Death Certificate** $25.00 per certified copy	☐
Birth Certificate – long form $25.00 per certified copy	☐	**Fetal Death Certificate** $25.00 per certified copy	☐

MAILING ADDRESS
Send completed application with required fee to:

615 Hillcrest Drive
Eaton, Ohio 45320

RECORD INFORMATION *(Information about the person on the requested record)*

Full name *(for birth, indicate child's full name as shown on the original birth record)*:		**If name was changed since birth, indicate new name:**	
Date of Birth:	**Date of Death:**	**City and County where event occurred:**	
☐ **Mother** ☐ **Father** ☐ **Parent**	**Name before first marriage:**	☐ **Mother** ☐ **Father** ☐ **Parent**	**Name before first marriage:**

CHARGES Please include check or money order (do not send cash) made payable to "Preble County Health District"

Birth:	**Please indicate if you are requesting the certificate for any of the following purposes:** ☐ Dual Citizenship ☐ Genealogy ☐ Out of Country Marriage ☐ International Legal Business ☐ Driver's License ☐ Passport ☐ School ☐ Work Permit	**Number of birth record copies:** **_____ x $25.00 = $_____**
Death:	☐ **No**, I do not need the Social Security Number ☐ **Yes,** I do need the Social Security Number because I am one of the following: ☐ Spouse or Legal Partner ☐ Natural or Adopted Child ☐ Natural or Adopted Grandchild/Great Grandchild ☐ Veteran's Affairs Officer or Official ☐ Local, State, or Federal Official ☐ Funeral Director or Authorized Representative ☐ Person with Power of Attorney/Authorized by Law to act on behalf of Decendent or Decendent's Estate	**Number of death record copies:** **_____ x $25.00 = $_____**
Fetal Death:		**Number of fetal death record copies:** **_____ x $25.00 = $_____**
Total Amount Due:		**$_____**

APPLICANT INFORMATION *(Information about the person requesting the record)*

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	

Revised: January 1, 2026