

REQUEST FOR VITAL STATISTICS

WYANDOT COUNTY HEALTH DEPARTMENT
127-A SOUTH SANDUSKY AVENUE
UPPER SANDUSKY, OHIO 43351

ATTN: REGISTRAR

REQUEST FOR COPY OF DEATH OR BIRTH CERTIFICATE
FEE MUST ACCOMPANY APPLICATION FOR EACH COPY REQUESTED.

DATE REQUESTED: _____ NUMBER OF COPIES: _____

REQUESTED BY:

(SIGNATURE)

ADDRESS: _____

DEATH:

DECEDENT'S NAME: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

BIRTH:

BIRTH NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____