



Kent City Health Department

Death Certificates

Records Request Instructions

**Notice to All
Vital Statistics
Customers:**

Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.

Records We Have On File:

This Vital Statistics office maintains copies of death records filed from 1909-present.

Who Can Order A Record:

Vital records (deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy. Please carefully complete one application form for each record or search requested. Please submit your applications with all requested identifying information.

Death Certificates in Person: on an emergency basis only – please call 330-678-8109 for this option**Death Certificates by mail or Drop Box:**

Please carefully complete the attached “Application for Certified Death Certificates.” Mail to: Kent City Health Dept. P.O. Box 5192, Kent, Ohio 44240 or use the drop box at 414 E. Main Street. Be sure to include your preferred method of payment and a self-addressed stamped envelope or other instructions on retrieval. Mail orders cost \$24 each and are turned around the same day as received. You may choose to pay by check, money order or debit or credit card.

Death Certificates by Email and E-File:

You may email your original signed death certificate and/or application for a certified copy to: kentvitalstats@kent-ohio.org If you are E-filing a death certificate please be sure it is of near original quality, legible and fully complete or it will be rejected. Please do not include your credit card number on the application form, you will receive an email that we have received your order and have verified your information and you will need to call us at 330-678-8109 with your credit card number. If you do not receive an email from us within 24 hrs. we may not have received your request. There is a \$1.00 convenience fee for this option unless you make arrangements to pick up your copies.

Death Certificates and Social Security Number:

As of October 15, 2015, for the first five (5) years after the date of death, the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased’s spouse, or lineal descendant
- The deceased’s executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased’s family
- A veteran’s service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate it on their application, and submit satisfactory identification to our office.

Fees:

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a death or fetal death record is \$24.00 each. Please make all checks and money orders payable to: Kent City Health Department.

APPLICATION FOR CERTIFIED DEATH CERTIFICATES: Fee \$24.00 each

MAIL ORDER

COMPLETE AND SEND THIS APPLICATION WITH PAYMENT TO:

Kent Health Department

P.O. Box 5192

Kent, OH 44240

DROP BOX

414 East Main Street

Next to Building in Rear

Kent, OH 44240

8:00 a.m. to 4:00 p.m. Mon – Fri

MAIL ORDERS MUST INCLUDE: SELF-ADDRESSED POSTAGE PAID RETURN ENVELOPE – IF YOU DO NOT INCLUDE A POSTAGE PAID ENVELOPE YOU WILL BE CHARGED A \$1.00 CONVENIENCE FEE

EFILE & EMAIL REQUESTS: KENTVITALSTATS@KENT-OHIO.ORG

DEATH RECORD INFORMATION Please Print Clearly

<u>First:</u>	<u>Middle:</u>	<u>Last Name (as listed on Death Record):</u>
<u>Date of Death:</u>		<u>What City in Portage County did Death occur?</u>
Social Security # intact YES or NO because I am: <input type="checkbox"/> The deceased's spouse, or lineal descendant (<i>husband, wife, child, grandchild</i>) <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of an investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family		<input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media <input type="checkbox"/> None of the above <u>You must attach a copy of your executor documents, the Will, your ID and/or birth certificate showing you are the authorized requestor. This applies only to a deaths occurring in the last 5 years.</u>

PURCHASER'S INFORMATION Please Print Clearly:

Purchaser Name	Date
Street Address	Phone#
City, State, & ZIP	Signature

CHARGES Please Complete:

Payment Options: Credit/Debit Check Money Order	_____ / _____ / _____ Debit / credit #	Number of copies requested: _____ x \$24.00 = \$ _____
	EXP _____ / _____ MM YY CVV	Burial permit (Funeral Homes) \$3.00 Yes / No
		Total \$ _____

Check or money orders accepted: **Payable to: Kent City Health Department** Returned (NSF) checks - \$20.00 Fee

Please call us with Credit/Debit Card Orders or use our Drop Box

CARD / CK or MO #
RECPT#

First

BP / VA
AFPS
SUPPS