



# Summit County Public Health Office of Vital Statistics Records Request Information



1867 W Market St, Akron, OH 44313 • 330-812-3845 • [www.scph.org](http://www.scph.org)

### Who can order a record:

Birth, death, and fetal death records are public records in Ohio. Public records can be requested by anyone who can provide the basic facts required to locate the record. ID is not required.

### What records can be obtained from our office:

Certified birth, death and fetal death certificate copies for any person born or who died in the State of Ohio from December 1908 - present are available for purchase in person, over the phone, online or by mail.

### Record fees:

The fee for each certified copy of a birth, death, or fetal death certificate is **\$22.00**. Per Ohio law, uncertified certificates are not available.

### Payment types accepted:

Cash, personal/cashier's checks, money orders, Visa, MasterCard, Discover, and American Express credit cards are all accepted. Cardless/digital wallet payment is not accepted (i.e., ApplePay, Tap Pay, etc.) **ALL SALES ARE CONSIDERED FINAL AND ARE NON-REFUNDABLE**

### How to place an order:

- In-person for same day certificate pick up at the above address; Monday - Friday 8:00am-4:00pm No appointment required (Total processing time takes 10 minutes or less).
- Online at [vitals.scph.org](http://vitals.scph.org) or scan the QR code above. Credit card payment required. (\$1.95 credit card processing fee plus the cost for shipping will for mail order deliveries.)
- Call our office at 330-812-3845.
- Complete and mail the application below to our office at the address above. Include a check, money order, or cashier's check (made payable to SCPH) for the correct payment amount. \*Please **DO NOT SEND CASH**.

### Death Certificates and Social Security Numbers:

Photo identification is required to obtain social security number information on death records for the first five years after a person's death. The person purchasing the record is required to be one of the following relations to the deceased person in order to obtain the social security number:

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

Requestors who wish to have the social security number printed on the death certificate must provide their **photo identification** and **proof of the above relationship** with the application. Acceptable proof can be submitted via email to [vitalsdocumentation@schd.org](mailto:vitalsdocumentation@schd.org), mailed with the application, or presented in person.

Examples of Acceptable Proof:

- **Valid Photo ID plus**
- Birth Certificate
- Marriage License
- Income Tax Return
- Will or legal documentation
- Written request on agency letterhead

**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.



## Summit County Public Health – Office of Vital Statistics

### APPLICATION FOR CERTIFIED COPIES

1867 W Market St, Akron, OH 44313 • 330-812-3845 • www.scph.org/birth-death-records

<b>PURCHASER'S INFORMATION:</b> (Information about the person requesting the record)	
Purchaser's Name: _____	
Street Address: _____	
City, State, Zip: _____	Phone Number: _____
Email _____	Signature: _____

#### RECORD REQUEST 1:

<b>RECORD TYPE REQUESTED:</b> <input type="checkbox"/> Birth (OHIO ONLY) <input type="checkbox"/> Death (SUMMIT COUNTY ONLY) <input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY)	Name on Certificate: _____ <small>First Middle Last Suffix</small> Date of Birth or Death: _____ Number of Certified Copies: _____ Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### RECORD REQUEST 2:

<b>RECORD TYPE REQUESTED:</b> <input type="checkbox"/> Birth (OHIO ONLY) <input type="checkbox"/> Death (SUMMIT COUNTY ONLY) <input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY)	Name on Certificate: _____ <small>First Middle Last Suffix</small> Date of Birth or Death: _____ Number of Certified Copies: _____ Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### RECORD REQUEST 3:

<b>RECORD TYPE REQUESTED:</b> <input type="checkbox"/> Birth (OHIO ONLY) <input type="checkbox"/> Death (SUMMIT COUNTY ONLY) <input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY)	Name on Certificate: _____ <small>First Middle Last Suffix</small> Date of Birth or Death: _____ Number of Certified Copies: _____ Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### RECORD REQUEST 4:

<b>RECORD TYPE REQUESTED:</b> <input type="checkbox"/> Birth (OHIO ONLY) <input type="checkbox"/> Death (SUMMIT COUNTY ONLY) <input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY)	Name on Certificate: _____ <small>First Middle Last Suffix</small> Date of Birth or Death: _____ Number of Certified Copies: _____ Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Total Certified Copies Requested:** \_\_\_\_\_ **X \$22.00 = \$** \_\_\_\_\_

SCPH accepts cash, checks (with a valid ID), money orders, and credit or debit cards. There is an additional processing fee when paying by credit or debit card. If mailing your order, send application, check or money order, and a self-addressed stamped envelope to the address above.

#### FOR OFFICE USE ONLY:

Record Request	1	2	3	4
Certificate Number				
Paper Number				

Receipt Number:
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