



# 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.

## 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.

## What records can be obtained from our office:

Certified birth certificate copies for all Ohio counties are available for purchase in person, through the mail, over the phone, or online. Certified death certificate copies for deaths occurring within Summit County are available for purchase through the mail, over the phone, or online.

## How to place an order:

- In-person for same day certificate pick up.
- Online at [vitals.scph.org](http://vitals.scph.org) or scan the QR code above.
- Call our office at 330-812-3845.
- Mail the application, a self-addressed stamped envelope, and check or money order (made payable to SCPH) to our office at the address above.

## 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 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><br><input type="checkbox"/> Birth (OHIO ONLY)<br><input type="checkbox"/> Death (SUMMIT COUNTY ONLY)<br><input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY) | Name on Certificate: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div> Date of Birth or Death: _____ Number of Certified Copies: _____<br>Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

#### RECORD REQUEST 2:

|   |  |
|---|--|
| <b>RECORD TYPE REQUESTED:</b><br><input type="checkbox"/> Birth (OHIO ONLY)<br><input type="checkbox"/> Death (SUMMIT COUNTY ONLY)<br><input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY) | Name on Certificate: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div> Date of Birth or Death: _____ Number of Certified Copies: _____<br>Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

#### RECORD REQUEST 3:

|   |  |
|---|--|
| <b>RECORD TYPE REQUESTED:</b><br><input type="checkbox"/> Birth (OHIO ONLY)<br><input type="checkbox"/> Death (SUMMIT COUNTY ONLY)<br><input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY) | Name on Certificate: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div> Date of Birth or Death: _____ Number of Certified Copies: _____<br>Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

#### RECORD REQUEST 4:

|   |  |
|---|--|
| <b>RECORD TYPE REQUESTED:</b><br><input type="checkbox"/> Birth (OHIO ONLY)<br><input type="checkbox"/> Death (SUMMIT COUNTY ONLY)<br><input type="checkbox"/> Fetal Death (SUMMIT COUNTY ONLY) | Name on Certificate: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div> Date of Birth or Death: _____ Number of Certified Copies: _____<br>Is the certificate needed for Dual Citizenship, Out of Country Marriage, Adoption, Genealogy, or International Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

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: |
|-----------------|