

**Oakwood, Montgomery County • Bureau of Vital Statistics**

**Application for Certified Copies**

ORC SECTION 3705.23 (A) (1)

FOR OAKWOOD USE ONLY		
BATCH #		
DATE		MR TYPE 44
(\$16.50 each)	230.000.42630	\$
(\$3 each)	230.000.42640	\$
(\$9 each)	230.000.42660	\$
(\$1.50 each)	230.000.42670	\$
(permit @ \$3.00)	230.000.42650	\$
TOTAL		\$
SECURITY PAPER #'(S)		
THRU		

**IMPORTANT**

Intended for Oakwood, Montgomery County, records only.

The required fee is \$30.00 per copy for a certified certificate.

Cash, money orders, or cashier checks only.

**No personal checks.**

Please do not send cash through the mail.

Notice—Fee overpayment of \$2.00 or less will not be refunded—ORC 3705.24

**CHECK APPROPRIATE BOX(ES)**

**Birth Certificate**

**Death Certificate**

**V.A. Copy**

PLEASE **PRINT** THE INFORMATION BELOW

Name on certificate		First	Middle	Last
Date of birth or death		Number of certificates requested		<input type="checkbox"/> Burial permit requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's name on certificate		First	Maiden	
Father's name on certificate		First	Last	
Name of applicant			Phone number of applicant	
Address			State	Zip Code
To your knowledge, has a copy of this record been obtained before?		To your knowledge, have any corrections/changes been made to this certificate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Applicant's signature		Date	Phone (       )	
Amount Due \$				

When the application has been completed, please send to the address below.

CITY OF OAKWOOD  
 VITAL STATISTICS  
 30 PARK AVE  
 DAYTON OH 45419-3400

**PLEASE PROVIDE A SELF-ADDRESSED, STAMPED ENVELOPE FOR ALL CERTIFICATES TO BE MAILED.  
 THE OAKWOOD HEALTH DEPARTMENT WILL NOT BE RESPONSIBLE FOR MAILED CERTIFICATES NOT RECEIVED  
 BY THE INTENDED RECIPIENT.**