

# FULTON COUNTY HEALTH DEPARTMENT BIRTH/DEATH APPLICATION

\$23.00 each Certified copy

CHECK ONE: ( ) Birth ( ) Death

HOW MANY COPIES? \_\_\_\_\_

NAME ON RECORD \_\_\_\_\_

Date of Birth/ Death \_\_\_\_\_

Signature of person  
completing this  
application: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone No. \_\_\_\_\_ Today's Date: \_\_\_\_\_

**OFFICE USE ONLY**

Audit # \_\_\_\_\_

Initials \_\_\_\_\_

Receipt # \_\_\_\_\_



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10/09