

PUTNAM COUNTY HEALTH DEPARTMENT

256 Williamstown Rd
PO Box 330
Ottawa, OH 45875
419-523-5608

BIRTH CERTIFICATE Certified Fee: \$18.00

Name on Certificate _____

Date of Birth _____

Mother's Maiden Name _____

Father's Name _____

Number of Certified Copies (\$18.00 each) _____

DEATH CERTIFICATE Certified Fee: \$18.00

Name on Certificate _____

Date of Death _____

Location of Death _____

Number of Certified Copies (\$18.00 each) _____

REQUESTED BY: Signature _____

Address _____

Phone _____

HEALTH DEPARTMENT USE ONLY

Amount Paid _____

Certified Paper No _____

Cash

Check

Pickup

Mail

Date _____