



Kent City Health Department

Death Certificates

Records Request Instructions

**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.

Records We Have On File:

This Vital Statistics office maintains copies of death records filed from 1909-present.

Who Can Order A Record:

Vital records (deaths and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy. Please carefully complete one application form for each record or search requested. Please submit your applications with all requested identifying information.

Death Certificates Online:

For your convenience, you can process online requests through an independent company, *VitalDirector by Permitium, LLC*; that the Kent City Health Department has partnered with to provide you this service. *VitalDirector* can be accessed through this link <https://kentoh.permitium.com>. It is a safe and secure way to supply information and make payment for a death certificate; and you can check order status- normally processed the same day as received with *pickup or first class mail delivery. Valid credit/debit cards are accepted including American Express, Discover, MasterCard or Visa. *Additional service fees per transaction will also be charged by Permitium, LLC.*

***Pick Up Hours:** 8:00 am until 4:00 pm, Monday – Friday; closed for: New Year’s Day, MLK Day, Memorial Day, July 4th, Labor Day, Veterans Day, Thanksgiving & Friday after, and Christmas Day.

Death Certificates by Mail:

Please carefully complete page 2- Application for Certified Death Certificates. Mail to: Kent City Health Dept. 201-G E. Erie St., Kent, Ohio 44240. Be sure to include your preferred method of payment and a self-addressed postage paid traceable envelope. Mail orders are normally processed within 1-3 business days. You may choose to pay by credit/debit card, check or money order.

Funeral Homes- Death Certificates E-File:

You may email your original signed death certificate to: kentvitalstats@kent-ohio.org. If you are E-filing a death certificate please be sure it is of near original quality, legible and fully complete or it will be rejected.

Death Certificates and Social Security Number:

As of October 15, 2015 per ORC 3705.23(5), for the first five (5) years after the date of death, the social security number of the deceased will not be included on the death certificate unless the requestor is:

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

Individuals requesting a death certificate with the social security number included must indicate it on their application and submit satisfactory identification to our office.

Fees:

In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The Kent City Health Department fee for each certified copy of a birth record is \$24.00 each *plus a \$1.00 convenience fee if applicable (see page 2). Please make all checks and money orders payable to: Kent City Health Department.

The Kent City Health Department is not authorized to issue or fax uncertified copies of death certificates. All sales are final upon issuance, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.

Kent City Health Department - Vital Statistics

Phone: 330-678-8109

APPLICATION FOR CERTIFIED DEATH CERTIFICATES

Mail Ordering: Please include a self-addressed postage paid traceable return envelope

**Note: Orders received are normally processed in 1-3 business days, and are usually sent by USPS first class mail with or without a traceable envelope. *Kent City Health Department is not responsible for delays with mail delivery.*

**TO: Kent City Health Department
201-G E. Erie St.
Kent, OH 44240**

CK or MO # _____
RECPT# _____

DEATH RECORD INFORMATION Please Print Clearly

<u>First:</u>	<u>Middle:</u>	<u>Last Name (as listed on Death Record):</u>
<u>Date of Death:</u>	<u>What City in Portage County did Death occur?</u>	
Please complete if the death occurred in the last 5 years, per ORC 3705.23(5):		
Social Security Number Intact? *YES or NO Because I am:		
<input type="checkbox"/> The deceased's legal spouse, or lineal descendant <i>(husband, wife, child, grandchild)</i>		
<input type="checkbox"/> The deceased's executor, attorney, or legal agent		
<input type="checkbox"/> A representative of an investigative government agency		
<input type="checkbox"/> A private investigator		
<input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family		
<input type="checkbox"/> A veteran's service officer <input type="checkbox"/> An accredited member of the media <input type="checkbox"/> None of the above		
*Applicable Proof Required: Attach copies of document(s) such as: the Will and/or I.D. with Birth Certificate or Credentials.		

Last _____

PURCHASER'S INFORMATION Please Print Clearly:

Purchaser Name	Date	
Street Address	Phone#	
City, State, & ZIP	Signature	

CHARGES:

Payment Options: *Check Money Order	<p>*Make check or money orders payable to: Kent City Health Department <i>Returned (NSF) checks - \$20.00 Fee</i></p> <p><i>The Kent City Health Department is not authorized to Issue or fax uncertified copies of death certificates.</i></p> <p><i>All sales are final upon issuance, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.</i></p>	<p># of copies requested:</p> <p>_____ x \$24.00 EACH</p> <p>Funeral Homes: + Burial permit \$3.00 Yes / No</p> <p>Total \$ _____</p>
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BP / VA _____ AFFS _____ SUPPS _____