Ohio Department of Health
Bureau of Vital Statistics
P.O. Box 15098
Columbus, Ohio 43215-0098

STATE OF OHIO DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THE THIS SPACE	
Date of Receipt	
Volume No.	Certificate No.
Date Issued	
Certification No.	

APPLICATION FOR CERTIFICATE OF PUBLIC RECORD

SECTION 5905.18 R.C.; CERTIFICATE OF PUBLIC RECORD WITHOUT CHARGE.

WHEN A COPY OF ANY PUBLIC RECORD IS REQUIRED BY THE VETERAN'S ADMINISTRATION TO BE USED IN DETERMINING THE ELIGIBILITY OF ANY PERSON TO PARTICIPATE IN BENEFITS MADE AVAILABLE BY THE VETERAN'S ADMINISTRATION OR IN THE FURTHERANCE OF ANY PROCEEDINGS UNDER SECTIONS 5905.01 TO 5905.19, INCLUSIVE, OF THE APPLICANT FOR SUCH BENEFITS, ANY PERSON ACTING ON HIS BEHALF, OF THE AUTHORIZED REPRESENTATIVE OF THE VETERAN'S ADMINISTRATION WITH A CERTIFIED COPY OF SUCH RECORD.

Application is hereby made for a certified copy of the _____ certificate of:
Birth or Death

Name	Date of occurrence	Place of occurrence

CERTIFICATION

This is to certify that an official copy of the record indicated above is required by the U.S. Veteran's Administration in connection with a claim on account of _____ who served in _____ in the U.S. _____.
Army, Navy Air Force, or Marine Corps

THIS CERTIFICATION MUST BE SIGNED BY THE BENEFICIARY OR AN OFFICIAL OF THE U.S. VETERAN'S ADMINISTRATION; AN OFFICER OF A POST, COUNCIL OR STATE DEPARTMENT OF THE AMERICAN LEGION, THE UNITED SPANISH WAR VETERANS; THE GRAND ARMY OF THE REPUBLIC OF VETERANS OF FOREIGN WARS OR THE STATE COMMISSIONER OF SOLDIERS CLAIMS OR AMERICAN RED CROSS, DISABLED AMERICAN VETERANS OF THE WORLD WAR, AND AMVETS, DEPARTMENT OF OHIO.

BENEFICIARY

Signature _____

Street Address _____

City – State _____

Date _____

OR

OFFICIAL OR OFFICER

Signature _____

Title _____

_____ *Post Number* _____ *Name and Organization*

Location _____

Date _____

ONLY ONE SIGNATURE IS REQUIRED

HEA 2739 (Rev. 3/92)

APPENDIX Y
3701-5-02