



# 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 has access to filed death records for events that occurred in Portage County, Ohio 1909-present.

**Who Can Request 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 filed 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.

**Certified Portage County, Ohio Death Certificates Online:**

For your convenience, you can process online requests for certified copies through an independent company, *VitalDirector* by *Permitium, LLC*; that the Kent City Health Department has partnered with to provide you this service online at: <https://kentoh.permitium.com>. It is a safe and secure way to supply information and make payment; and you can check order status- normally processed the same day as received. 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.*

**Certified Portage County, Ohio 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 return envelope. Mail orders received are normally processed in 1-3 business days. You may choose to pay by check or money order.

**In Person Pickup:** Business hours: 8:00 am until 4:00 pm (last request taken at 3:50 pm), Monday – Friday; closed for: New Year’s Day, MLK Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Veterans Day, Thanksgiving & Friday after, and Christmas Day.

**In Person Record Search or Inspection of filed Portage County Deaths:** Available during regular business hours. By appointment for viewing of large numbers (10 or more filed records).

**Funeral Homes- Death Certificates E-File:**

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 (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, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.***

# Kent City Health Department - Vital Statistics

Phone: 330-678-8109 Hours: 8am until 4pm Mon-Fri (Closed most holidays)

## APPLICATION FOR DEATH CERTIFICATE

**COMPLETE AND SUBMIT THIS APPLICATION, WITH PAYMENT FOR CERTIFIED COPIES**

**BY MAIL:** Must include Self-Addressed Postage Paid Return Envelope

**Kent City Health Department  
201-G East Erie St.  
Kent, OH 44240**

**IN PERSON:**

**Kent City Health Department  
Kent Central Gateway Building  
2<sup>nd</sup> Floor West Entrance  
201 East Erie St.  
Kent, OH 44240**

*Note: Orders received by mail are normally processed in 1-3 business days, and will be sent in a customer provided return envelope with or without a traceable method. \*Kent City Health Department is not responsible for delays with mail or any shipment delivery.*

### DEATH RECORD INFORMATION Please print clearly:

<b>First:</b>	<b>Middle:</b>	<b>Last Name (as listed on Death Record):</b>
<b>Date of Death:</b>		<b>What City in Portage County did Death occur?</b>
<b>Please complete if the death occurred in the last 5 years, per ORC 3705.23(5):</b>		
<b>Social Security Number Intact? *YES or NO Because I am:</b> <input type="checkbox"/> The deceased's legal spouse, or lineal descendant (husband, wife, child, grandchild) <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  <b>*Applicable Proof Required: Attach copies of document(s) such as: the Will and/or I.D. with Birth Certificate or Credentials.</b>

### Please print clearly:

Requestor's Name	Date	
Street Address	Phone#	
City, State, & ZIP	Signature	

### Please mark one box:

- I AM REQUESTING TO VIEW THE FILED RECORD (IN PERSON ONLY)
- I AM REQUESTING TO PURCHASE CERTIFIED COPIES OF THE FILED RECORD (\*\*Please fill in below)

<b>Payment Options:</b>  <b>***Check or Money Order</b>  <b>Credit/Debit &amp; Cash- In Person</b>	<b>***Make check or money orders payable to:</b> <b>Kent City Health Department</b> <i>Returned (NSF) checks - \$20.00 Fee</i>  <i>The Kent City Health Department is not authorized to issue or fax uncertified copies of death certificates.</i> <i>All sales are final, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.</i>	<b>**CHARGES:</b> <b># of copies requested:</b>  _____ x \$24.00  Funeral Homes: + Burial permit \$3.00 Yes / No  <b>Total \$</b> _____
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