

SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT
REQUEST FOR BIRTH/DEATH CERTIFICATE

BIRTH CERTIFICATE

Name at Birth _____

Date of Birth _____

DEATH CERTIFICATE

Name of Deceased _____

Date of Death _____

COPIES REQUESTED: Certified _____ (\$21.50 each)
(uncertified copies are prohibited by state law)

PERSON REQUESTING CERTIFICATE

Name _____

Date _____

Address _____

Phone Number _____
