

Ravenna City Health Department

530 N. Freedom Street
Ravenna, OH 44266
Phone: (330) 296-4478

Mail Request Application

Last name (at birth or death)

First name

Middle Initial

Date of Birth

Date of Death

Copies requested

Signature: _____

Date: _____

Mail Certified To:

Name

Phone#

Street Address

City, State, Zip

Certified Copies \$22.00 each – Required with request

Must provide a self addressed, stamped envelope with request