



A Request From

PRDN _____

Contact Name: _____

Phone # _____

Fax # _____

E-mail _____

To: ODH Vital Statistics
Fax number: 614-564-2457
Email: vs.corrections@odh.ohio.gov

Date: _____
Number of Pages: _____

Regarding State File Number: _____

Name on Certificate: _____

Here is an affidavit for the above named person's record for your review.

If you have any questions, please contact us at the above phone # or email address.

Thank you,

Name of Local VS Office

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