Holmes County
General Health District
Prevent. Promote. Protect.

The Holmes County Health District has the following guidelines research of vital records:

Walk-in research hours are available Monday through Friday during regular business hours and by appointment at 330-674-5035. We reserve the right to limit access to the kiosk system based on the ability to provide necessary space and staffing for the operation of the Vital Records Office. We will offer as many researchers access to the indexing system at one time, provided the ability to meet the needs in space, security and staffing available, as researching records cannot interfere with the staff and office procedures.

You must provide your own stationery and supplies. You will be permitted to review as many records as you like for the event you are researching. List the information from the kiosk below in the appropriate spaces for each record that you would like to review.

We will provide you with up to four "Informational Use Only" photocopies of the event you are researching for you to review in the office. The additional event(s) request will be made available to you for your review during your next visit as time permits.
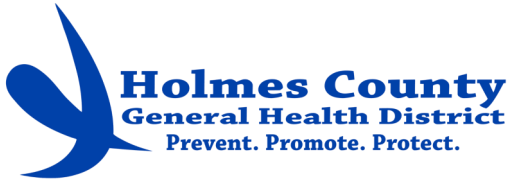
You may write down any information from the records we provide to you, In accordance with ORC 3705:231, the use of photographic reproduction devices is also permitted.

All photocopies of the **records must be returned to the Vital Records Office staff at the end of your visit.** You will have to purchase a certified copy of the event record in order to take it from our office. The fee for all certified vital records is $25.00.

I have read and agree to follow the Holmes County Health District's Vital Records Researcher Rules and Regulations. I understand that by violating any of the rules or regulations set forth under this policy will result in loss of research privileges.

_____   _____

Researcher's Signature   Date

OFFICE OF VITAL RECORDS

GENEALOGIST RESEARCHER RULES AND REGULATIONS

Holmes County
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Full Name at Birth/Death_____Birth/Death Date_____

Father's Name (birth only) _____

Mother's **Maiden** Name (birth only) _____

Full Name at Birth/Death_____Birth/Death Date_____

Father's Name (birth only) _____

Mother's **Maiden** Name (birth only) _____

OFFICE USE ONLY
Certificate #

Full Name at Birth/Death_____Birth/Death Date_____

Father's Name (birth only) _____

Mother's **Maiden** Name (birth only) _____

OFFICE USE ONLY
Certificate #

Full Name at Birth/Death_____Birth/Death Date_____

Father's Name (birth only) _____

Mother's **Maiden** Name (birth only) _____

OFFICE USE ONLY
Certificate #