

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____



Ohio History Connection
Research Services Department
800 E. 17th Ave.
Columbus, OH 43211
614.297.2510
reference@ohiohistory.org

Indexed Public Records Copy Request Form

DO NOT USE THIS FORM FOR DEATH CERTIFICATE COPY REQUESTS - DIFFERENT FEES APPLY

RECORDS FEE AND SERVICES:

The fee is **\$12.00 per name/record** (\$12.90 for Ohio residents), which covers the search and includes up to 4 pages of copies plus postage. Records requests must be PREPAID with a check or money order payable to the Ohio History Connection. DO NOT SEND CASH. We make every effort to find the record, but if it is not located the fee is not returned.

INSTRUCTIONS:

Use this form to request copies of specific INDEXED Ohio public records. An exact year is required for an Indexed Public Records Request. If you are unable to provide an exact year, please refer to our Research Request Form

COPY REQUEST:

Full Name (individual documented by the record): _____

Type of Record (check ONE and provide as much detail as possible):

- ☐ Probate Court Birth record. County _____ Exact Year/Day and month if known _____
- ☐ Probate Court Death record. County _____ Exact Year/Day and month if known _____
- ☐ Probate Court Marriage record. County _____ Exact Year _____ Spouse _____
- ☐ Probate Court Will OR Estate record (circle ONE). County _____ Exact Year _____
- ☐ Military Roster Entry. War or Dates of Service _____ Regiment _____ Age _____
- ☐ Veteran's Grave Registration Entry. War or Dates of Service _____ County _____
- ☐ Prison record. Penal Institution _____ Exact Year of Admission _____
- ☐ Tax. Date _____ City _____ County _____
- ☐ Naturalization. Date _____ Court _____ County _____
- ☐ Incorporation record. Name of corporation/municipality _____ Exact Year _____

Additional Information: