# Vital Records Genealogy Search

**Print**

First Name _____ Last Name _____

Email _____ Telephone Number _____ When is your appointment? _____

**Name of person you are looking for**

1.

First Name _____ Last Name _____

CertificateType

☐ birth ☐ death

Date _____ Any additional information which may aid in our search of your request _____

2.

First Name _____ Last Name _____

CertificateType

☐ birth ☐ death

Date _____ Any additional information which may aid in our search of your request _____

3.

First Name _____ Last Name _____

CertificateType

☐ birth ☐ death

Date _____ Any additional information which may aid in our search of your request _____

## Office Use Only

Date the form was receive _____

Date records searched _____

Genealogy appointment confirmed ☐ Yes ☐ No

Customer identification reviewed ☐ Yes ☐ No

Initial _____

**Please fill out this form and e-mail it back to vitalrecords@cincinnati-oh.gov**

REVISED 10:01 am, Oct 31, 2024