ACTION: Final

RESCINDED Appendix 3701-5-02

DATE: 06/23/2016 8:51 AM

DISCLOSURE STATEMENT

1,
(Print Full Name)
request access to and/or copies of the "INFORMATION FOR MEDICAL AND HEALTH US
ONLY" section on the certificate of birth for
date of birth
I request access because I am:
☐ The individual to whom the record attests.
The parent or guardian of the individual.
A lineal descendant of the individual.
A state, local or federal law enforcement officer.
(Agency
Signature
Date
Authority ORGS C 2005 00 (1)
Authority: ORC Section 3705.23 (A) and (B)
HEA3030

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