

OHIO BIRTH CERTIFICATE MAIL-IN APPLICATION FORM

Instructions:

1. Complete an application form for each certificate requested.
2. Include money order or cashier's check for **\$22.00***. We do not accept out-of-state checks.
3. **Mail completed form and payment to:**
Clark County Combined Health District
Attn: Vital Records
529 E. Home Road
Springfield, OH 45503

Note: *When ordering more than one, please remit \$22.00 for the first certificate and \$22.00 for each additional certificate. Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded and considered a donation.

Information on Certificate Being Requested

First Name on Certificate:	Middle Name on Certificate:	Last Name on Certificate:
Date of Birth:	Mother's <u>Maiden</u> Name	Father's Name

Number of Certificates Requested: 1 2 3 4 Other _____

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Telephone Number: _____

For Office Use Only

Rev. 01/31/2017

Security Paper # _____ Receipt #: _____ Received By: _____ Date: _____