

# OHIO BIRTH CERTIFICATE MAIL-IN APPLICATION FORM

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**Instructions:**

1. Complete an application form for each certificate requested.
2. Include money order or cashier's check for **\$24.00\***. 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 \$24.00 for the first certificate and \$24.00 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. 12/19/23

Security Paper # \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_