

# BIRTH CERTIFICATE APPLICATION FORM

## For OHIO BIRTHS Only:

### Instructions:

1. Complete the form below for each certificate request (per person).
2. **Cost is \$25.00 per certificate (Cash, Check, Money Order, and Debit/Credit Card)**
3. **Make Checks/Money Orders Payable to: Perry County Health Department**
4. Mail to **Perry County Health Department; PO Box 230, New Lexington OH 43764**

### Number of Certificates Requested:

1  2  3  4  Other - # \_\_\_\_\_ Amount Due: \_\_\_\_\_

### Information on Certificate Being Requested:

First Name _____	Middle Name _____	Last Name (Birth Name) _____
_____		
<b>Place of Birth:</b> Ohio Only	City, Village or Township _____	Date of Birth _____

### Parent Information:

#### Mother:

First Name: \_\_\_\_\_ Last Name: (Prior to first marriage – Maiden Name) \_\_\_\_\_

#### Father:

First Name: \_\_\_\_\_ Last Name: (Prior to first marriage – Maiden Name) \_\_\_\_\_

State any known corrections that have been made to the certificate: \_\_\_\_\_

### Your Information (person requesting certificate)

Name: _____
Address: (Street/Road) _____
City: _____ State: _____ Zip Code: _____
Relationship to Person on Certificate: _____ Phone #: _____
_____
Applicant's Signature _____ Date _____

### VS Office Use Only:

Audit # _____	Check # _____	Cash _____	Credit # _____	Receipt # _____
Issued By: _____	Date: _____	Date Mailed _____		

