



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
409 Lincoln Park Drive, PO Box 230
New Lexington, OH 43764
Ph. 740.342.5179
Fax: 740.342.5540
perrycountyhealth.info

Birth Certificate Request Form

For OHIO Birth Only:

Instructions:

1. Complete the form below for each certificate request.
2. **Cost is \$25.00 per certificate** (cash, check, money order, and debit/credit- 3% fee will apply)
3. Make checks/money orders payable to: Perry County Health Department
4. Request can be mailed to Perry County Health Department, P.O. 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) _____

Place of Birth: **Ohio Only** City, Village or Twp _____ Date of Birth _____

Parent Information:

Mother: First Name _____ Last Name Prior to First Marriage (Maiden Name) _____

Father: First Name _____ Last Name _____

Information of Person Requesting Certificate:

Name _____ Relationship to Person on Certificate _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____

Applicant's Signature _____ Date _____

VS Office Use Only:

Audit #s _____

Check # _____ Cash _____ Credit Card Receipt # _____ Receipt # _____

Issued By _____ Date _____ Date Mailed _____

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OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

