



940 London Ave, Ste 1100
Marysville OH 43040
(937) 642-2053
vitalstats@uchd.net

Application for Ohio Certified Birth Record Copies

Birth Certificate Copy \$25

TODAY'S DATE _____

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Union County Health Department)

BIRTH:	
Please Indicate The Reason For Requesting This Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit	Number of Birth Record Copies: _____ X \$25.00 = \$ _____
:	
MAIL COMPLETED APPLICATION WITH REQUIRED FEE AND SELF- ADDRESSED STAMPED ENVELOPE TO: UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE, STE 1100 MARYSVILLE OH 43040	
TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Union County Health Department.	
\$ _____	

Audit# _____

Receipt # _____

Processed by: _____