# BIRTH CERTIFICATE

APPLICATION FORM

### FOR OHIO BIRTHS ONLY

***For VS office use only:***

Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of Payment: Cash Check CC

***Instructions:***

1. *Complete the form below for each certificate request.*
2. *Take completed form to Cashier window and pay $30 for each certificate copy request (cash, money order, credit/debit card\*, check –* ***Make out to Jackson County Health Department****).*
3. *Bring payment and application to the Drop Off window to complete your request.*

**Number of Birth Certificates Requested**

Check the box of the number of copies that you are requesting:

1 -- $30 2 -- $60 3 -- $90 4 -- $120 Other:

**Information on Birth Certificate Being Requested (OHIO ONLY)**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name on Certificate** |
| **STATE of Birth** | **Gender** **Male \_\_\_\_ Female \_\_\_\_** | **Date of Birth** |
| **Mother’s First Name** | **Mother’s Middle Name** | **Mother’s Maiden Name** |
| **Father’s First Name** | **Father’s Middle Name** | **Father’s Last Name** |

**Your Information** *(person requesting certificate)*

|  |
| --- |
| **Name:** |
| **Address:**  |
| **City:** | **State:** | **Zip Code:** |
| **Your signature:** | **Current Date:**/ /  | **Phone #:**( ) - |
| **Email Address (Optional):** |

**JACKSON COUNTY HEALTH DEPARTMENT**

200 East Main Street, Jackson, OH 45640

Phone: 740-286-5094 Fax: 740-286-8809

Web: www.jacksoncountyhealthdepartment.net

*01/2020*