

## Ohio Department of Health    Bureau of Vital Statistics

### Application for Certified Copies

**Check appropriate box**

- Birth Certificate    -    \$9.00 each
- Death Certificate    -    \$9.00 each
- Paternity Affidavit    -    \$7.00 each

<b>Do not write in this space</b>
AFS No.
Volume No.
Certificate No.

**IMPORTANT!**

Intended for Ohio records only. Each copy requested must have the required fee.  
 Enclose check or money order. Must be made payable to "Treasurer, State of Ohio", do not send cash.  
 Notice - Fee overpayment of \$2.00 or less will not be refunded - ORC 3705.24

**To be printed below is information about requested certificate.**

Full name	first	middle	last	Phone	(614) 987-6543
Present address	number and street	city, village or township		state	ZIP
1234 Applicant Street					
Parents	mother's first		mother's maiden		
father's first		father's last			
Place of event	county	city, village or township		Date of event	Age (last birthday)
Amount enclosed	Date of payment				
\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order				
To your knowledge has a copy of this record been obtained before?			Have any corrections/changes been made to this certificate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Applicant's signature				Date	

**Do not detach**

Print name and address of person to whom certificate(s) is / are to be mailed in the space below. This is a mailing insert and will be used to mail the certified copy which you have requested. When the above application and the name and address in the section below have been completed please send the entire form to the preprinted address below:

Name		
Address		
City	State	ZIP

Ohio Department of Health  
 Bureau of Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098