

Ashtabula County Health Department – Vital Statistics
APPLICATION FOR OHIO CERTIFIED BIRTH CERTIFICATE
\$25.00 PER COPY



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WE DO NOT ACCEPT CREDIT CARDS OR OUT OF STATE CHECKS

PLEASE PRINT NEATLY

Name at Birth		First	Middle	Last	Sex
Date of Birth	Reason for obtaining record			Relationship to person on record	
Mother's first name	Mother's Middle name			Mother's Last Name	
Mother's MAIDEN name			Mother's Birth (STATE)		
Father's first name	Middle name	Father's last name		Father's Birth (STATE)	
Name of person requesting copy (PLEASE PRINT)			Phone Number		
Present address			City	State	Zip
Applicant's Signature			Date		

Send completed application along with a money order or certified bank check (ONLY) plus a self-addressed stamped envelope payable to:

ASHTABULA COUNTY HEALTH DEPARTMENT
 VITAL STATISTICS DEPARTMENT
 12 West Jefferson Street
 Jefferson, OH 44047
 (440) 576-6010 x 3

MAIL-IN ORDERS:

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