Ashtabula County Health Department - Vital Statistics
APPLICATION FOR CERTIFIED COPIES

For Office Use Only: (Revised 10/26/2020 ACHD)	
Date: ____________ # Copies: ________ Clerk: ___________	Cash $ ____________ Check # ________________ $ ___________________ M.O.# _________________ $ ___________________
Receipt #: Certificate #:	Audit Numbers(s):

RECORD INFORMATION:

Print FULL Name: (First, Middle, Last as shown on the original record)		If Name was Changed Since Birth, Indicate NEW Name:
Date of Birth:	City/Township of Birth:	County of Birth:
☐ Mother ☐ Parent	Name before first marriage: (First, Middle, Last)	Birth State: (Ex. Ohio)
☐ Father ☐ Parent	Name before first marriage: (First, Middle, Last)	Birth State: (Ex. Ohio)

CHARGES: Cash, Local Check, Money Order **Payable to: "Ashtabula County Health Department"**

Birth:	Please indicate if you are requesting the certificate for: ☐ Out of County Marriage ☐ Dual Citizenship ☐ International Legal Business ☐ Genealogy	Number of birth record copies: ____ x $25.00 ea. = $________
	Total Amount Due:	$____________________

APPLICANT INFORMATION: (Information about the person requesting the record - MUST BE FILLED OUT!!

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:		Relationship to above:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	X.

Mailing Address: ***DO NOT SEND CASH***

*Send completed application with required fees & self-addressed stamped envelope to:

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, OH 44047
(440) 576-6010 opt. #3

HEA 2709 (Rev. 1/2016)