

COLUMBUS PUBLIC HEALTH

APPLICATION FOR CERTIFIED COPIES

For Ohio Births Only

- Complete the form below for each certificate request.
- Submit completed form in person or by mail:
 - **By Mail:** Send completed application with required \$25 fee for each certificate copy request (check or money order made payable to Columbus City Treasurer) to:
Columbus Public Health – Vital Statistics
240 Parsons Ave.
Columbus, OH 43215
- Customer must contact our office within 60 days if certificate has not been received through the mail.
- **Exchange Policy-** certificates can be exchanged within 30 days if certificate is in good condition.
- **Absolutely No Refunds** once certificate leaves premises.

GETTING THE CERTIFICATES - Check the box next to how and when you would like to receive your certificates.

- Same day service *(in person only)*
 Next day pick-up
 Mail-out only
 Same day service/walk in and next day pick-up not available
 Not available
 Not available

NUMBER OF COPIES & CHARGES

If mailing, please include check or money order (**do not send cash**) made payable to Columbus City Treasurer.

Number of birth certificate copies: _____ x \$25.00 = \$ _____ total

RECORD INFORMATION - Information about the person on the requested record

Full name <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If name was changed since birth, indicate new name:
Date of birth:	Ohio City/County where birth occurred:	
<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	
Parent's birth name:	Parent's birth name:	

APPLICANT INFORMATION - Information about 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 (optional):
Street Address:	Phone:
City, State & ZIP:	Signature of Applicant: