

COLUMBUS PUBLIC HEALTH

BIRTH CERTIFICATE COPY APPLICATION FORM

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

NOTES:

- 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

NUMBER OF COPIES & CHARGES

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

Number of birth certificate copies: _____ x \$25 = \$ _____ total

RECORD INFORMATION (about the person on the requested record)

Full Name (For birth, indicate child's full name as shown on the original birth record.):	If name was changed since birth, indicate new name:
Date of Birth: / / Month Day Year	OHIO city/county where birth occurred:
PARENT 1 – Parent's Birth Name:	PARENT 2 – Parent's Birth Name:

APPLICANT INFORMATION (person requesting records)

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:			
Address:	City:	State:	ZIP Code:
Applicant Signature:	Phone: () -	Email (optional):	