

# BIRTH CERTIFICATE WALK-IN OR MAIL APPLICATION FORM

**FOR OHIO BIRTHS ONLY**

**Instructions:**

1. Complete the form below for each certificate request.
2. Take completed form to Cashier window and pay \$25 for each certificate copy request (cash, check Made out to: **Columbus City Treasurer**, credit cards, and debit cards are accepted).
3. Bring payment receipt and application to the Drop Off window to complete your request.

**For VS office use only:**

Reg#: \_\_\_\_\_

Microfilm date: \_\_\_\_\_

Aff/Supp MF date: \_\_\_\_\_

**Note:** Due to storage on microfilm some certificate requests may take longer to process.

## Number of Certificates Requested

Check the box of the number of copies that you are requesting:

1     
  2     
  3     
  4     
  Other: \_\_\_\_\_

## How & When Do You Want to Receive Your Certificates?

Check the box next to how you would like to receive your certificates:

Same day service     
  Next day pick-up     
  Next day mail-out

## Information on Certificate Being Requested

First Name	Middle Name	Last Name on Certificate
Place of Birth <b>OHIO ONLY</b>	City, Village, or Township of birth	Date of Birth ____ / ____ / ____ <i>Month Day Year</i>
Name of hospital	If any corrections or changes have been made to this certificate, please list:	
Mother's First Name	Mother's last name prior to first marriage (maiden name)	
Father's First Name	Father's Last Name	
Your signature:	Current Date: ____ / ____ / 20	Phone #: ( ____ ) ____ - ____

## Your Information (person requesting certificate)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_