



Healthier, Safer People

Vital Statistics
 240 Parsons Ave.
 Columbus, OH 43215-5331
 Phone: (614) 645-7331
 Fax: (614) 645-0730
 TDD: (614) 645-7041



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE OCCURRING IN OHIO ONLY.

PLEASE CHECK WALK-N SERVICE REQUESTED:

_____ SAME DAY SERVICE 8:00 AM TO 12:00 PM

_____ NEXT DAY PICKUP AFTER 10:00 AM

_____ NEXT DAY MAILOUT

For VS office use only:
Reg# _____
Microfilm date: _____
Aff/Supp MF Date: _____

of birth certificates REQUESTED- \$25 each

THIS SECTION IS FOR WEB, FAX, & PHONE ORDERS ONLY (CREDIT/DEBIT CARD PAYMENT REQUIRED)

<p>CREDIT OR DEBIT CARD INFORMATION</p> <p><input type="checkbox"/> Debit/Credit Card (Extra \$9.95 service charge) Debit/Credit card service for internet, phone, and fax orders ONLY (not for walk-in service) Card # _____ Expiration Date: ____ / ____ / 20 ____</p> <p>For FAX service, please fax application to 614-645-0730 OR CALL 1-877-648-0605 <u>OR</u> Apply online at www.vitalchek.com</p>	<p>COMPLETE THIS SECTION ONLY IF YOU WANT CERTIFICATE(S) MAILED OR SENT EXPRESS SERVICE:</p> <p>_____ Send Regular U.S. Mail _____ Send EXPRESS Overnight within U.S. (Extra \$17.50) _____ Send EXPRESS Saver 2-3 business days within U.S. (Extra \$15.00) _____ Send International (different rates apply please inquire with VS staff)</p> <p>EXPRESS DELIVERY <u>MUST</u> BE PAID BY CREDIT/DEBIT CARD.</p>
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First Name	Middle Name	Last Name on certificate
Place of birth: OHIO	City, Village, or Township of birth	Date of Birth / / Month Day Year
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 name:
Your address:
Your City/State/Zip:

This section **MUST** be completed for **ALL** requests

PLEASE MAKE CHECKS PAYABLE TO: COLUMBUS CITY TREASURER