

# Delaware Public Health District

## Application for Ohio Certified Birth Record Copies



**NOTICE:** Pursuant to Ohio Revised Code 3705.29 (A) (3), it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or report required by this chapter, or any certified copy of it, that relates to the birth of another person, whether living or dead.

APPLICANT INFORMATION (the person requesting the record)			
Applicant Name:		Date:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record for Ohio births only)			
Full Name (the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
<input type="radio"/> MOTHER <input type="radio"/> Parent	Full Maiden Name:	<input type="radio"/> FATHER <input type="radio"/> Parent	Full Name:

FEES	
<b>Please Indicate the Reason for Requesting This Record:</b> <input type="checkbox"/> Driver's License / State ID <input type="checkbox"/> Legal Name Change <input type="checkbox"/> Passport <input type="checkbox"/> Adoption <input type="checkbox"/> New Birth <input type="checkbox"/> Court <input type="checkbox"/> Lost Copy / Personal Records <input type="checkbox"/> Apostille / Foreign Authentication <input type="checkbox"/> School Registration <input type="checkbox"/> Social Security / Retirement <input type="checkbox"/> Insurance Verification <input type="checkbox"/> Employment <input type="checkbox"/> Benefits / Housing	<b>Number of Birth Record Copies:</b> _____ x \$25.00 = \$ _____  <b>Payment Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to DPHD) <input type="checkbox"/> Money Order (payable to DPHD) <input type="checkbox"/> Credit / Debit Card * Additional minimum \$2.00 processing fee.

**MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:**

Delaware Public Health District  
 Vital Statistics  
 470 S. Sandusky Street  
 Delaware, OH 43015

OFFICE USE ONLY	
Audit #	_____
Order #	_____
Receipt #	_____