

**Ashtabula County Health Department – Vital Statistics**  
**APPLICATION FOR OHIO CERTIFIED BIRTH CERTIFICATE**  
**\$25.00 PER COPY**

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Name at Birth	First	Middle	Last	Sex
Date of Birth	Reason for obtaining record		Relationship to person on record	
Mother's first name	Middle name	Mother's maiden name	Mother's Birthplace (STATE)	
Father's first name	Middle name	Father's last name	Father's Birthplace (STATE)	
Name of person requesting copy (PLEASE PRINT)		Phone Number		
Present address		City	State	Zip
Applicant's Signature		Date		

Send completed application along with a money order or certified bank check (ONLY) plus a self addressed stamped envelope payable to:

ASHTABULA COUNTY HEALTH DEPARTMENT  
 VITAL STATISTICS DEPARTMENT  
 12 West Jefferson Street  
 Jefferson, OH 44047  
 (440) 576-6010 x 3

**MAIL-IN ORDERS:**

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