

AUGLAIZE COUNTY HEALTH DEPARTMENT
OFFICE OF VITAL STATISTICS
APPLICATION FOR CERTIFIED BIRTH CERTIFICATES

\$22.00 PER COPY

Name at Birth _____ Date of Birth _____

Place of Birth (*City/County in Ohio*) _____

Mother _____
First Middle Maiden Name

Father _____
First Middle Last Name

NUMBER OF COPIES ORDERED _____

PLEASE COMPLETE YOUR NAME AND ADDRESS:

Your Name _____

Your Address _____

Your City/State/Zip _____

Your Telephone # _____

Your Signature _____

DO NOT WRITE IN THIS SPACE

AMOUNT PAID _____
CASH CHECK

RECEIPT # _____

PAPER # _____

DATE PROCESSED _____

DATE PAID _____

STAFF INITIALS _____