

# Brown County Health Department

## Application for Ohio Certified Birth Record Copies



Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. If this form is not complete and a record cannot be found with the information given, the form and payment will be returned to the applicant (in the case of mail in requests).

### MAIL COMPLETED APPLICATION WITH REQUIRED FEE AND SELF ADDRESSED STAMPED ENVELOPE TO:

Brown County Health Department, Vital Statistics  
9116 Hamer Road  
Suite 101  
Georgetown, OH 45121  
(937) 378-6892

☐ Birth Certificate  
\$25.00 per certified copy

### APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

### RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate 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 checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

### FEES (Please make checks / money orders payable to the Brown County Health Department)

BIRTH:	
Please Indicate the Reason for Requesting this Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit	Number of Birth Record Copies:  _____ x \$25.00 = \$ _____
TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Brown County Health Department.	
\$ _____	

### OFFICE USE ONLY

Audit Number(s):		SFN:		
Date Processed:	Initials:	Payment Type:	Receipt #:	Receipt Date: