

City of Middletown Health Department

Application for Ohio Certified Birth Record Copies

ORDERING IN PERSON AT THE HEALTH DEPARTMENT, PLEASE COMPLETE THE BELOW APPLICATION AND HAVE YOUR PAYMENT READY.
WE ACCEPT CASH & ALL CREDIT CARDS EXCEPT AMERICAN EXPRESS

IF ORDERING BY MAIL, SEND COMPLETED APPLICATION WITH REQUIRED FEE TO:
CITY OF MIDDLETOWN HEALTH DEPARTMENT
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042

Do NOT send cash. Make checks / money orders payable to THE CITY OF MIDDLETOWN HEALTH DEPARTMENT

**BIRTH
CERTIFICATES
ARE \$25
PER COPY**

We accept CASH &
CREDIT/DEBIT cards except
AMEX

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

BIRTH:

Please Indicate The Reason For Requesting This Record:		Number of Birth Record Copies:
<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"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit	_____ x\$25=\$ _____
_____		Number of LONG FORM /BOOK Copies:
_____		_____ x\$25=\$ _____
		TOTAL \$ _____