



# 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: x\$25=\$ _____
<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Drivers License <input type="checkbox"/> Genealogy <input type="checkbox"/> Passport <input type="checkbox"/> International Legal Business <input type="checkbox"/> School <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Work Permit		
		Number of LONG FORM /BOOK Copies: x\$25=\$ _____
		TOTAL \$ _____