



HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

Hamilton County Public Health - Vital Statistics *Application for Certified Copies*

Check the appropriate box:

Birth Certificate - \$24.00

Death Certificate - \$24.00

IMPORTANT!

Each copy requested must have the required fee. Please send the appropriate amount in a check or money order made payable to the Hamilton County Public health. **DO NOT SEND CASH.**

Include a self-addressed, stamped business size envelope with your request.

If you have questions, please call (513) 946-7805.

Mail to:

Hamilton County Public Health

250 William Howard Taft Road, 2nd Floor

Cincinnati, Ohio 45219

Please provide the following information for the requested:

(circle one)

Birth
Certificate

Death
Certificate

Full name first		middle	last (maiden name if requesting birth certificate)	
Place of event county (i.e. Birth/Death)		hospital or place of occurrence	Date of birth/death	Age (last birthday)
Parents mother's first		mother's maiden		
father's first		father's last		
Amount enclosed \$ Check <input type="checkbox"/> Money order <input type="checkbox"/>			Date of payment	
Current address number and street		city, village or township	state	ZIP
Applicant's signature		Date	Phone ()	