

Hamilton County Public Health

Ohio Birth Certificate Application

Each Birth Certificate is \$24.00	X	Number of Copies _____	=	Total Due _____	Quick Reference
					1 = \$24.00 3 = \$72.00
					2 = \$48.00 4 = \$96.00

IMPORTANT!

Please send the total amount due in a check or money order made payable to:

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) 946-7800.

Mail to:

Hamilton County Public Health

250 William Howard Taft Road, 2nd Floor

Cincinnati, Ohio 45219

Full Name _____

(For Certificate)

First

Middle

Last (Maiden name)

Date of Birth _____

Month

Day

Year

Age: _____

(on last birthday)

Ohio County of Birth: _____

Hospital: _____

(or Place of Birth)

Parents' Names _____

Father First

Father Last

Mother First

Mother Last

Mother's Maiden Name: _____

Amount Enclosed: \$ _____

(Total from Above)

Check:

Money Order:

Date of Payment: _____

Applicant Name: _____

(Person Purchasing)

Please Print

Applicant Phone: _____

Applicant Address: _____

Street or P.O. Box

City

State

Zip

If certificate is being mailed to someone

other than the applicant, enter name here: _____

Shipping Address: _____

(If Different from Applicant)

Street or P.O. Box

City

State

Zip Code

Applicant Signature: _____

Date: _____



HAMILTON COUNTY
PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

250 William Howard Taft, 2nd Floor

Cincinnati, OH 45219

513-946-7800

www.HCPH.org

Social Media: @HamCoHealth