

# 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**

1701 Patricia McCollum Way, Dept. 93

Cincinnati, OH 45237

**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.

1701 Patricia McCollum Way, Dept. 93  
Cincinnati OH 45237

513-946-7800

www.HCPH.org

Social Media: @HamCoHealth