

BIRTH CERTIFICATE MAIL-IN REQUEST FORM

PLEASE SEND A MONEY ORDER OR CASHIER'S CHECK FOR \$23.00
AND A SELF-ADDRESSED STAMPED BUSINESS-SIZE ENVELOPE

(When ordering more than one certificate, please remit \$23.00 for the first certificate and \$22.00 for each additional certificate. The \$1.00 fee covers the cost for the certificate of mailing.)

FULL NAME ON CERTIFICATE _____

DATE OF BIRTH _____ # OF COPIES _____

MOTHER'S FULL NAME (maiden) _____

MOTHER'S STATE OF BIRTH _____

FATHER'S FULL NAME _____

SIGN YOUR NAME _____

YOUR ADDRESS _____

Make money order or cashier's check payable to: CCCHD

Mail to: Clark County Combined Health District
Vital Statistics
529 E. Home Road
Springfield, OH 45503-2710