



# KENT CITY HEALTH DEPARTMENT (Phone/ 330-678-8109)

## Application for Ohio Certified Birth Record Copies

RECEIPT#

PAPER#

LAST

FIRST

- Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception, any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.
- Current Fee: \$24.00 Per Certified Copy
- \*Mail Ordering: Must include required fee and a self-addressed stamped (postage paid) traceable return envelope. Orders received are normally processed in 1-3 business days and will be sent in a customer provided return envelope with or without a traceable method. \*Kent City Health Dept. is not responsible for lost or delayed mail.
- All sales are final, no refunds allowed. Exchanges will be considered by request within 2 years of issuance.

### \*MAIL COMPLETED APPLICATION TO:

Kent City Health Department  
201-G E. Erie St.  
Kent, OH 44240

### APPLICANT INFORMATION (the person requesting the record) Please print clearly :

NAME		DATE	
Street Address		Phone	
City, State, & Zip		Signature	
Email			

### RECORD INFORMATION (the person on the requested record for Ohio births only) :

Full Name (indicate the name as shown on the filed birth record):		Name given at birth if amended:	
Date of Birth:		City and County Where the Birth Occurred:	
Parent #1 <input type="radio"/> Mother <input type="radio"/> Father		Parent #2 <input type="radio"/> Mother <input type="radio"/> Father	
Full Name at Child's Birth:		Full Name at Child's Birth:	
List above Parent's Last Name Before First Marriage (Maiden?):		Above Parent's Last Name Before First Marriage:	

### FEES :

Please Indicate the Reason for Requesting this Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Out of Country Passport <input type="checkbox"/> Probate Court Proceeding <input type="checkbox"/> Other _____ <input type="checkbox"/> Newborn <input type="checkbox"/> Driver's License/ID <input type="checkbox"/> USA Passport <input type="checkbox"/> School/Employment <input type="checkbox"/> Housing/Benefits <input type="checkbox"/> Lost/Replacement <input type="checkbox"/> Travel	Number of Certified Copies Requested:  _____ x \$24.00 each
	TOTAL DUE: \$ _____

Do NOT send cash. Make checks/money orders payable to: KENT CITY HEALTH DEPT. (Returned/NSF Checks- \$20.00 Fee)