

A Non-Refundable Research Fee  
 Charge For Each Record  
 Not Found \$3.00

City of Cincinnati  
 Board of Health  
 Office of Vital Statistics  
 1525 Elm Street  
 Cincinnati, OH 45202-6995

<b>DO NOT WRITE IN THIS SPACE</b>
Date
Amount
Year
Certificate No.

**APPLICATION FOR CERTIFIED COPY OF  
 Birth Certificate**

**IMPORTANT**

**REMIT FEE OF \$22.00 PLUS POSTAGE**

**MAKE CERTIFIED CHECK OR MONEY ORDER PAYABLE TO: TREASURER, CITY OF CINCINNATI  
 NO PERSONAL CHECKS ARE ACCEPTED — UNLESS CERTIFIED**

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (Type or Print)					
<b>Full Name At Birth</b>	First	Middle	Last		
<b>Date of Birth</b>	Month	Day	Year	Age (At Last Birthday)	
<b>Place of Birth</b>	City <b>CINCINNATI</b>	County <b>HAMILTON</b>	State <b>OHIO</b>	Hospital	
<b>Full Name of Father</b>	First	Middle	Last		
<b>Mother's Maiden Name (Name Before Marriage)</b>	First	Middle	Last		
<b>Reason for Request</b>	Signature				
<b>Address</b>			<b>Telephone</b>		
<b>Has Any Correction or Change Ever Been Made in the Certificate?</b>					
NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:					

**Mail Application To:**  
**Cincinnati Board of Health**  
**Office of Vital Statistics**  
**1525 Elm Street**  
**Cincinnati, OH 45202-6995**  
**WITH SELF ADDRESSED STAMP & ENVELOPE**

**YOU MUST FILL OUT LAST 3 LINES**

**PRINT** Name and Address of person to whom  
 the Certified Copy is to be Issued to:

**OVER THE COUNTER OR MAILED**

**Certified Check or Money Order Made Payable  
 TREASURER, CITY OF CINCINNATI**

**DO NOT DETACH**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

COPIES REQUESTED	
<b>Certified Copies</b>	<b>\$22.00 Each</b>
<b>Total Certified Copies Ordered:</b>	_____
<b>Amount Enclosed + Postage:</b>	\$ _____

**To Order Using a Credit Card**

**Call Toll Free 1-866-550-1853**

**- or -**

**Online: [www.vitalcheck.com](http://www.vitalcheck.com)**