A logo for a health district

AI-generated content may be incorrect.Williams County Health Department

Application for Ohio Certified Birth Record Copies

Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother’s name prior to first marriage.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

**Williams County Health Department**

**310 Lincoln Ave**

**Montpelier, OH 43543**

**419-485-3141**

* Birth Certificate

$25.00 per certified copy

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| APPLICANT INFORMATION (the person requesting the record)  Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request. | | | |
| Applicant Name: |  | Email: |  |
| Street Address: |  | Phone Number: |  |
| City, State, & Zip: |  | Signature of Applicant: |  |

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| RECORD INFORMATION (the person on the requested record for Ohio births only) | | | | |
| Full Name (indicate the child’s full name as shown on the original birth record): | | | If Name Has Changed Since Birth, Indicate New Name: | |
| Date of Birth: | | City and County Where the Birth Occurred: | | |
| * Mother  * Father  * Parent | Name Before First Marriage: | * Mother  * Father  * Parent | | Name Before First Marriage: |

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| FEES (Please make checks / money orders payable to: Williams County Health Department | | | |
| BIRTH: | | | |
| Please Indicate the Reason for Requesting this Record: | | Number of Birth Record Copies: | |
| * Dual Citizenship * Genealogy * International Legal Business * Out of Country Marriage | * Driver’s License * Passport * School * Work Permit | x $25.00= $ | |
| TOTAL AMOUNT DUE: **Do NOT send cash. Make checks / money orders payable to WCHD** | | | $ |

HEA 2709 (Rev. 01/2025)

**For Office Use Only:**

|  |  |
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| Receipt Number: | Date: |
| State File Number: | Certificate Number: |