



# 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

- ☐ Cash
- ☐ Check
- ☐ Card

### 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:	

### 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:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Mother's Full Name Before First Marriage:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Full Name Before First Marriage:	

### FEES (Please make checks / money orders payable to: Williams County Health Department)

BIRTH:		
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"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit <input type="checkbox"/> Personal Use	Number of Birth Record Copies: _____ x \$25.00= \$_____	
TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to WCHD		\$_____

### For Office Use Only:

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