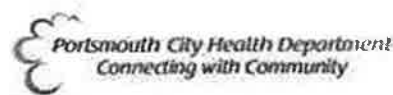


PORTSMOUTH CITY HEALTH DEPARTMENT



Application for Ohio Certified Birth Record Copies

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Portsmouth City Health Department
605 Washington Street
Portsmouth, Ohio 45662
(740) 353-5153 Option 1

BIRTH CERTIFICATES ARE \$25.00 PER CERTIFIED COPY

ACCEPTABLE FORMS OF PAYMENT: CASH, MONEY ORDER, CHECK (IN PERSON ONLY)

FORM MUST BE FILLED OUT COMPLETELY

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)			
Child's 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 type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Parent's Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Parent's Name Before First Marriage:

FEES (Please make checks/money orders payable to Portsmouth City Health Department)		
BIRTH		
Please Indicate the Reason for Requesting This Record:		Number of Birth Record Copies:
<input type="radio"/> Dual Citizenship <input type="radio"/> Genealogy <input type="radio"/> School <input type="radio"/> Work Permit	<input type="radio"/> Drivers License <input type="radio"/> International Legal Business <input type="radio"/> Out of Country Marriage <input type="radio"/> Passport	_____ x \$25.00 = \$_____ <input type="radio"/> Cash <input type="radio"/> Check # _____