MARIETTA/BELPRE HEALTH DEPARTMENT

Vital Statistics

Application for Ohio Certified Birth Record Copies

Complete below application. 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.

Make check payable to: **City of Marietta**

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Marietta/Belpre Health Department
Vital Statistics
304 Putnam Street
Marietta, OH 45750

Birth Certificate--$25.00 per certified copy

Heirloom Certificate--$25.00 per certified copy

Affidavit of Paternity--$20.00 per certified copy

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

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:	
o Mother o Parent	Mother First & Maiden Name:	o Father o Parent	Father First & Last Name:

FEES (Please make checks/money orders payable to City of Marietta)	
Please Indicate The Reason For Requesting This Birth Record: o New Birth o Genealogy o Driver License o School o Work o Passport o Personal	Number of Birth Record Copies: X $25.00 = Number of AOP Copies: X $20.00 =