



304 Putnam Street, Marietta, Ohio 45750
 Phone (740) 373-0611; Fax (740) 376-6445
 Michael Brockett, MD, Health Commissioner

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Birth Certificate \$ 25.00 per Certified Copy	# of copies requested: _____		
---	------------------------------	--	--

MAILING ADDRESS
 See above.

RECORD INFORMATION (Information about the person on the requested record)

Full name (Indicate child's full name as shown on the birth record)			
Date of Birth:		City and County where event occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Parent's Name before first marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Parent's Name before first marriage:

CHARGES Please include check or money order (**do not send cash**) made payable to "City of Marietta".

	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Adoption <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	
--	--	--

APPLICANT INFORMATION (Information about 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:	X

"One Team, One Goal: HEALTHY COMMUNITIES!"



304 Putnam Street, Marietta, Ohio 45750

Phone (740) 373-0611; Fax (740) 376-6445

Michael Brockett, MD, Health Commissioner

“One Team, One Goal: HEALTHY COMMUNITIES!”