

HOCKING COUNTY HEALTH DEPARTMENT
132 HOCKING MALL
LOGAN, OH 43138
PHONE: (740) 385-3030 FAX: (740) 385-2252

DO NOT WRITE IN THIS SPACE

DATE	EMP
\$	
AMOUNT	#OF COPIES
VOLUME NO.	CERTIFICATE #
RECEIPT NO.	AUDIT #

\$22.00 EACH
Cash, check or money order only

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

#OF COPIES _____

NAME AT BIRTH _____
FIRST MIDDLE LAST

DATE OF BIRTH _____
MONTH DAY YEAR

PLACE OF BIRTH _____
COUNTY CITY, VILLAGE OR TOWNSHIP

FULL NAME OF MOTHER _____
FIRST MIDDLE LAST (MAIDEN)

MOTHER'S STATE OF BIRTH _____

FULL NAME OF FATHER _____
FIRST MIDDLE LAST

FATHER'S STATE OF BIRTH _____

APPLICANT'S SIGNATURE _____ PHONE (____) _____ - _____

ADDRESS _____
STREET CITY STATE ZIP