

Vital Statistics

Application for Ohio Certified Birth Record Copies



Ashland County
Health Department

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. Individuals requesting a certified affidavit of paternity must submit this application with the registration number of the document. If not known, please call the Ohio Central Paternity at 1-888-810-6446 prior to completing this application.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Ashland County Health Department
1211 Claremont Avenue
Ashland, Ohio 44805
(419) 282-4231

☐ **Birth Certificate**
\$25.00 per certified copy

☐ **Affidavit of Paternity**

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

FEES (Please make checks / money orders payable to the Ashland 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"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit	Number of Birth Record Copies: _____ x \$25.00 = \$_____
AFFIDAVIT OF PATERNITY (AOP):	
Central Paternity Registry 6-digit Number (Please call the Ohio Central Paternity Registry at (888)-810-6446 if you do not have this number.) CPR# _____	Number of AOP Copies: _____
TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Ashland County Health Department.	
\$ _____	