



APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Full Name: (as recorded on original birth record)	
Date of Birth:	City of Birth:
Mother's Full Name at time of Birth:	Mother's last name prior to marriage:
Father's Full Name:	

Please indicate if you are requesting the certificate for any of the following purposes:

- | | |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Dual Citizenship | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Out of Country Marriage | <input type="checkbox"/> International Legal Business |

Number of copies requested: _____ x \$25 = \$ _____ **TOTAL PAYMENT ENCLOSED**

APPLICANT INFORMATION (Information about the person requesting the record) **PLEASE PRINT CLEARLY**

Applicant Name:	Phone Number:
Address:	City, State & ZIP:
Signature of Applicant:	

DO NOT SEND CASH

*Please include a check or money order made payable to **Massillon City Health Department***

If writing a personal check, you must include a legible copy of your valid driver's license or State ID

MAILING ADDRESS:

Send completed application with required fee to:
Massillon City Health Department
111 Tremont Ave SW
Massillon, OH 44647