

# Application for Ohio Certified Birth Record Copies



**AUGLAIZE COUNTY**  
HEALTH DEPARTMENT

*prevent. promote. protect.*

**Walk-in Service:** Allow 15 Minutes  
8:00AM - 4:00PM, Monday - Friday  
Auglaize County Health Department  
Vital Statistics  
813 Defiance Street  
Wapakoneta, OH 45895

**Mail:** Process Upon Receipt & Mail Same Day  
Send Application & \$25.00 Fee (Money Order)  
Auglaize County Health Department  
Vital Statistics  
813 Defiance Street  
Wapakoneta, OH 45895

**Phone Orders:** Call 419-738-3410  
\$25.00 + \$7.00 Processing Fee  
UPS Next Day Available - Added Fee  
**Order Online:** [www.auglaizehealth.org](http://www.auglaizehealth.org)  
Vital Statistics via Vital Chek Link  
\$25.00 + \$7.00 Processing Fee

Credit/Debit Cards Incur a Convenience Fee

## 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 check/money orders payable to the Auglaize 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 = \$_____
TOTAL AMOUNT DUE: Make checks / money orders payable to Auglaize County Health Department	
\$_____	