



# APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

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

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

<b>Number of copies requested:</b> _____	x \$25 = \$	_____ <b>TOTAL PAYMENT ENCLOSED</b>
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**APPLICANT INFORMATION** (Information about the person requesting the record) **PLEASE PRINT CLEARLY**

<b>Applicant Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>City, State &amp; ZIP:</b>
<b>Signature of Applicant:</b>	

***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