



Genealogy Request Form - Birth Records

Genealogy requests are taken at the Vital Statistics counter during normal business hours (8:30am – 4:30pm). A form is needed for each record request. If you are unable to fill in the majority of fields for the requested record we will not be able to fulfill your request. You can seek further information from <https://www.ohiohistory.org/>.

These forms can also be mailed to the following address:

Vital Statistics
Massillon City Health Department
611 Erie St. S.
Massillon, OH 44646

When you mail this form in, please indicate if you would like us to contact you by telephone with the information that you request or include a self-addressed stamped envelope and we can mail the information to you. For more information, contact the Health Department at (330) 830-1710.

Birth record requested _____

Date of birth _____

**If you do not know the date of birth, please give us an estimated range of birth years.*

Father's name _____

Mother's full name (indicate her maiden name) _____

Requestor's Information

Do you want this information mailed to you or contact you by telephone? Please include the correct contact information below on whichever way you want the Health Department to contact you.

_____ By mail _____ By telephone

Name _____

Mailing address _____

Telephone number _____

I would like the following information provided at no cost:

***This form is for genealogy requests for birth certificate information at no cost. We do not issue un-certified copies of birth certificates. We can, however, provide you with information from the birth certificate.**

****If you would like a certified copy of a birth certificate for \$25.00, please use the Birth/Death Certificate Request Form under the Vital Statistics section of the Massillon City Health Department website.**