CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH

Frank G. Jackson
Mayor

BUREAU OF VITAL STATISTICS

601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

DIRECTIONS: FILL IN ALL BLANKS ABOVE THE DOTIED LINE. PLEASE PRINT CLEARLY.
THE PRICE OF EACH BIRTH CERTIFICATE IS $25.00.

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (Type or Print)			
Name at Birth	First	Middle	Last
Date of Birth	Month / Day	Year	Age (at last birthday)
Place of Birth	City / State	Hospital or Home	
Full name of father	First	Middle	Last
Mother's maiden name (Name before marriage)	First	Middle	Last

No. of copies requested _____

Total price ($25.00 per copy) $_____

_____
Name of person making request (type or print)

_____
Signature

_____
Address

_____
Business Phone

_____
City, State, Zip

_____
Home Phone

_____
E- Mail Address

Have any corrections or changes ever been made to the certificate?
Yes No

Co1C60-316