

**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 DOTTED LINE. PLEASE PRINT CLEARLY.

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 <small>(Name before marriage)</small>	First	Middle	Last	

Name of person making request (type or print)

No. of copies requested

Address

Signature

City, State, Zip

Home Phone

Business Phone

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