



310 S. Main St. • Bellefontaine, OH 43311  
PH: 937.592.9040 • FX: 937.592.6746

*Application for certified copy of **BIRTH CERTIFICATE***

**NUMBER REQUESTED** \_\_\_\_\_ @ **\$22.00 each**

Name of Person (name at birth) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Township (if known) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Return Address (where we are to send the certificates) \_\_\_\_\_

Signature \_\_\_\_\_

**Mail request and check or money order to:**  
**Vital Statistics Registrar**  
**Logan County Health District**  
**310 S. Main St.**  
**Bellefontaine, OH 43311**

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