



Date: \_\_\_\_\_

**LOGAN COUNTY HEALTH DISTRICT**  
**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

Name at Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name( maiden) \_\_\_\_\_ Father's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Qty Requested: \_\_\_\_\_ = 22.00 ea.**  
**\*Please make check or money order payable to:**  
**Logan County Health District** - please  
include your driver's license # on check.

**Please send application, check or money order with a self-addressed stamped envelope to:**

Logan County Health District  
**Attn: Vital Statistics Registrar**  
310 S. Main St.  
Bellefontaine, OH 43311  
Phone: 937.651.6192 or 6202

**\*Logan County Health District birth records start at 1909 ~ current. To obtain a birth record from 1908 ~ 1867, please contact the Logan County Probate Court at 937-599-7252.**

**Health District Use Only**

Vol # \_\_\_\_\_  
Cert # \_\_\_\_\_  
Audit No. \_\_\_\_\_

Receipt # \_\_\_\_\_  
Check No. \_\_\_\_\_  
Date Received \_\_\_\_\_