Seneca County General Health District

Application for Ohio Certified Birth Record Copies

WALK-IN SERVICE **- (allow 15 minutes):**
8:00 am – 4:00 pm, Mon-Fri

ORDER ONLINE**:** senecahealthdept.org
Vital Statistics the Order Online Link

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO AND SELF ADDRESSED STAMPED ENVELOPE:
Seneca County General Health District
92 E Perry St
Tiffin, Ohio 44883
419-447-3691 Ext 6300

APPLICANT INFORMATION (the person requesting the record) Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.			
Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record for Ohio births only)			
Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
○ Mother ○ Father ○ Parent	Name Before First Marriage:	○ Mother ○ Father ○ Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Seneca County General Health District:

BIRTH:

Please Indicate the Reason for Requesting This Record:

- ❒ **Dual Citizenship**
- ❒ **Genealogy**
- ❒ **International Legal Business**
- ❒ **Out of Country Marriage**
- ❒ Driver's License
- ❒ Passport
- ❒ School
- ❒ General purpose

Number of Birth Record Copies:
_____ x $25.00 = $_____

TOTAL AMOUNT DUE: **Make checks / money orders payable to Seneca County General Health District** $_____

HEA 2709 (Rev. 01/2025)

Office use only:	**Date:**
Certificate No.	**Receipt #**
Method of Payment:	**SCGHD Initials:**