

**BIRTH CERTIFICATE APPLICATION**

**All Ohio Birth Records Available from 1909 to present**

Mail to:

CITY OF STEUBENVILLE HEALTH DEPARTMENT  
119 South Third Street (use for FedEx or Overnight mail)  
P.O. Box 1427 (use for regular mail)  
Steubenville, OH 43952

**1-740-283-6000 ext. 1503 or 1504 or 1505**

**(Mail in applications are processed and mailed back the same day received)**

NO PERSONAL CHECKS

TODAYS DATE \_\_\_\_\_

\_\_\_\_\_ Number of Certified Copies (23.00 each) Legal Document \$ \_\_\_\_\_

**NO UNCERTIFIED COPIES ISSUED**

**Please specify: Birth Abstract  Or Birth Record Image**

Please print Information as it would appear on the birth certificate

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/County of Birth \_\_\_\_\_

MOTHERS MAIDEN NAME \_\_\_\_\_

(Prior to first marriage)

FATHERS NAME \_\_\_\_\_

**If a correction or change has been made to this birth certificate please specify here:**

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANTS INFORMATION:**

Print your name \_\_\_\_\_

Sign your name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Phone Number \_\_\_\_\_

**Enclose a stamped, self-addressed business (4 1/8 x 9 1/2) size envelope.**

Money order or certified bank check made out to: Steubenville Health Department

**(No Credit or debit cards accepted)**

(Do not write below this line)

.....

Registrar's Number \_\_\_\_\_ Audit Number \_\_\_\_\_