DEFIANCE COUNTY HEALTH DEPARTMENT

1300 EAST SECOND ST., SUITE 100, DEFIANCE, OHIO 43512

REQUEST FOR BIRTH CERTIFICATE

Date _____ Number of copies requested _____

PLEASE PRINT

Birth/Adopted Name _____

Date of Birth _____ Hospital _____

Mother's Maiden Name _____

Father's Name _____

Applicant's Name _____

Applicant's Signature _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Office use only: *Security Paper #* _____ *Registration #* _____