

BIRTH CERTIFICATE ABSTRACT APPLICATION
\$25.00 PER ABSTRACT
CASH, MONEY ORDER OR CREDIT CARD ONLY

FULL BIRTH NAME ON RECORD _____
(Indicate child's/person's full name as shown on original birth record)

DATE OF BIRTH _____ Is person _____ MALE _____ FEMALE?

BIRTHPLACE HOSPITAL AND/OR LOCATION _____
(City +/-or County in Ohio)

FULL MAIDEN NAME OF MOTHER (name prior to 1st marriage) _____

MOTHER LAST NAME AT TIME OF CHILD'S BIRTH _____

FULL NAME OF FATHER _____

FATHER BIRTH STATE _____ MOTHER BIRTH STATE _____

How did you hear about the availability of Birth Certificates at Norwood City Health Department?

___ internet ___ friend/relative ___ church bulletin ___ BMV ___ school ___ ODH ___ sign outside _____

NUMBER OF COPIES REQUESTED _____

PERSON REQUESTING _____

MAILING ADDRESS _____ PHONE _____

CITY, STATE AND ZIP CODE _____

SIGNATURE _____

Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person whether living or dead.

If ordering by mail:

- If paying by credit card (Visa, MasterCard, Discover only) you must provide:
Card number _____ Expires _____ 3 digit security code _____
- OR include **money order payable to Norwood City Health Department** and a self addressed stamped envelope (for return of the birth abstract) and mail to Norwood Health Department, 2059 Sherman Avenue, Norwood, OH 45212.

ISSUED BY _____ FOR OFFICE USE ONLY
DATE _____ # COPIES _____ @ \$25.00 = \$ _____ cash _____ credit _____ MO _____
SECURITY PAPER # _____