

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 1<sup>st</sup> 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 # \_\_\_\_\_