

**MORGAN COUNTY HEALTH DEPARTMENT
DEPARTMENT OF VITAL STATISTICS
4275 N ST. RT. 376 NW
McCONNELSVILLE, OHIO 43756
Ph# 740-962-4572 Fax# 740-962-3271
APPLICATION FOR CERTIFIED BIRTH COPIES**

**Fee:
Birth Certified - \$23.00**

To be printed below information about requested birth certificate.

first name	middle	last
_____	_____	_____
County of birth	city, village or township	date of birth
_____	_____	____/____/____

(Parents name) mother's first	mother's (maiden name)
_____	_____
father's first	father's last name
_____	_____

Certified copies requested _____

Amount enclosed \$ _____ **check** **money order** **cash**

Your present address	state	zip code
_____	_____	_____

Has any corrections/changes been made to this birth certificate? **yes** **no**

Applicant's signature _____ **Date:** ____/____/____

Ph #(____) _____