

Harrison County General Health District

Application for Ohio Certified Birth Record Copies



As of January 1, 2025, the fee for a search of an Ohio vital record is \$26.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian. Any payment made that exceeds \$26.50 by more than \$2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. **Cash, check, money order, or credit/debit card payments accepted.**

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Harrison County General Health District
538 North Main Street Suite G
Cadiz, Ohio 43907
740-942-2616

☐ Birth Certificate
\$26.50 per certified copy

APPLICANT INFORMATION (the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

FEES (Please make checks / money orders payable to the Harrison County General Health District)

BIRTH:	
Please Indicate the Reason for Requesting this Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> School <input type="checkbox"/> Work Permit	Number of Birth Record Copies: _____ x \$26.50 = \$ _____
TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Harrison County General Health District.	
\$ _____	