

SALEM CITY HEALTH DISTRICT – OFFICE OF VITAL STATISTICS

APPLICATION FOR CERTIFIED BIRTH COPIES

Walk-In Service

9:00-4:00 Mon-Fri (hrs subject to change)
Closed from 1:00 – 1:30 (lunch)

Mail-In Order

Send completed application with required fee to:

Salem City Health District

230 N. Lincoln Ave., Suite 104
Salem, OH 44460-2950
(330) 332-1618

Salem City Health District

230 N. Lincoln Ave., Suite 104
Salem, OH 44460-2450

NO PERSONAL CHECKS

Include a self-addressed, stamped envelope (SASE)

*You can also call 330-332-1618 and order with a credit card. Order online at www.vitalchek.com

FULL NAME (at birth) _____
(indicate child's full name as shown on original birth record)

DATE OF BIRTH _____

PLACE OF BIRTH _____
(City/County in Ohio)

FULL MAIDEN NAME OF MOTHER _____
(Prior to first marriage)

FULL NAME OF FATHER (if applicable) _____

CHARGES:
Total Number of Copies _____ X \$27.00 = \$ _____

SIGNATURE OF APPLICANT
(person completing this application) _____

PHONE NUMBER _____

APPLICANT NAME (Please print) _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

OFFICE USE ONLY:

DATE _____ AUDIT NO. _____

PMT: CASH _____ CK. _____ CK NO. _____ CR. CARD _____

RECEIPT NO. _____ DR. LIC. NO. _____