ATHENS CITY-COUNTY HEALTH DEPARTMENT
278 WEST UNION STREET, ATHENS, OHIO 45701
Phone: 740-592-4431

CERTIFIED COPY - $22.00 EACH (CASH OR MONEY ORDER ONLY)
HOURS: 7:30 A.M. TO 11:30 A.M. AND 12:00 P.M. TO 3:45 P.M.

APPLICATION FOR COPY OF BIRTH CERTIFICATE

NAME AT BIRTH _____
First Middle Last

DATE OF BIRTH _____
Month Day Year

PLACE OF BIRTH _____
County City, Village or Township

FULL NAME OF MOTHER _____
First Middle Last (Maiden)

FULL NAME OF FATHER _____
First Middle Last

APPLICATION FOR COPY OF DEATH CERTIFICATE

FULL NAME OF DECEASED _____
First Middle Last

DATE OF DEATH _____
Month Day Year

PLACE OF DEATH _____
County City, Village or Township

APPLICANT'S SIGNATURE _____ **PHONE** _____

ADDRESS _____
Street (P. O. Box) City State Zip

TODAY'S DATE _____ **NO. OF COPIES** _____
Month Day Year

RECEIPT # _____ **AUDIT #** _____