

APPLICATION FOR CERTIFIED COPIES
THE CITY OF SHELBY
OHIO DEPARTMENT OF HEALTH

Walk-in service

(8:00 AM 5:00 PM, Mon-Fri, closed Holidays)
City of Shelby
43 West Main Street
Shelby, Ohio 44875
419-347-5131

Mail In Order

Send completed application with required fee to:
City of Shelby
43 West Main Street
Shelby, Ohio 44875
419-347-5131

TODAY'S DATE

REGISTRANT INFORMATION: (information about person whose vital record is being requested)

<input type="checkbox"/> Birth \$25.00 per copy # _____ <input type="checkbox"/> Death \$25.00 per copy # _____ Checks/Money Orders payable to The City of Shelby	Full Name: (for birth, indicate child's full name as shown on original birth record):		Date of birth/death:
	Place of birth/death (City/County in Ohio):		Relationship to person:
	Full maiden name of mother (prior to first marriage):	Full name of father:	
	Have there been any corrections or legal changes made to certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, Indicate new name:	

APPLICANT INFORMATION: (please write clearly)

Applicant Name:
Signature of Applicant:
Street Address:
City/State/Zip Code:
Phone Number:

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.

FOR OFFICE USE ONLY

Receipt #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
Serial #	Serial #	Serial #	Serial #
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