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## **HOW TO OBTAIN A CERTIFIED COPY OF YOUR CHILD'S BIRTH CERTIFICATE**

Birth certificates are available in the city where your child was born.

If your child was born at any of the following: Bethesda North, Jewish Kenwood, Our Lady of Mercy Anderson, Our Lady of Mercy Mariemont, Maple Knoll Hospitals, certified copies are available for \$24.00. Please contact:

Hamilton County General Health District  
250 William Howard Taft  
2<sup>nd</sup> Floor  
Cincinnati, OH 45219  
Information : 946-7804  
Website: [www.hamiltoncountyhealth.org](http://www.hamiltoncountyhealth.org)

If your child was born in the City of Cincinnati, certified copies are available for \$27.00. Please contact:

Birth and Death Certificates  
Vital Statistics Office  
1525 Elm Street  
4<sup>th</sup> Floor, West  
Cincinnati, OH 45202  
Information: 352-3120  
Web site: [www.cincinnati-oh.gov/health/pages/-5138/](http://www.cincinnati-oh.gov/health/pages/-5138/)

PREVENT. PROMOTE. PROTECT.

## Hamilton County Public Health - Vital Statistics *Application for Certified Copies*

**Check the appropriate box:**

- Birth Certificate - \$ 24.00
- Death Certificate - \$ 24.00

**Birthing Hospitals:**

- Bethesda North (1991 - Present)
- Our Lady of Mercy Anderson
- Jewish Kenwood (1993 - 1996)
- Our Lady of Mercy Mariemont
- Maple Knoll

**IMPORTANT!**

Each copy requested must have the required fee. Please send the appropriate amount in a check or money order made payable to the Hamilton County Public Health. **DO NOT SEND CASH.**

**Include a self-addressed, stamped business size envelope with your request.**

If you have questions, please call (513) 946-7805.

**Mail to:**

**Hamilton County Public Health**  
250 William Howard Taft Road, 2nd Floor  
Cincinnati, Ohio 45219

Please provide the following information for the requested:  
(circle one)

Birth Certificate      Death Certificate

<b>Full name</b> first		middle		last (maiden name if requesting birth certificate)	
<b>Place of event</b> county (i.e. Birth/Death)		hospital or place of occurrence		<b>Date of birth/death</b>	<b>Age</b> (last birthday)
<b>Parents</b> mother's first		mother's maiden			
father's first		father's last			
<b>Amount enclosed</b> \$    Check <input type="checkbox"/> Money order <input type="checkbox"/>				<b>Date of payment</b>	
<b>Current address</b> number and street		city, village or township		state	ZIP
<b>Applicant's signature</b>			<b>Date</b>	<b>Phone</b> (    )	



# Office of Vital Statistics

## Application for Certified Copies of Birth or Death Records

**New birth certificates are available 7 to 10 weeks after the date of birth**  
 Walk in/Same day service 8:30 am 2:00 pm Mon-Fri office is closed on all City holidays  
 Mail in order (allow 3-6 weeks) Money order should be made payable to "Treasurer, City of Cincinnati"  
 If applying by mail please send the completed application, self addressed stamped envelope, and the correct fee to:  
 Cincinnati Vital Statistics, 1525 Elm Street Cincinnati, Ohio 45202-6995

Birth \$27.00 per certificate       Death \$27.00 per certificate      Number of copies \_\_\_\_\_

### PLEASE TYPE OR PRINT LEGIBLY

Name of person making request	First Name	Last Name		
Street	City	State	Zip	
What is your reason for requesting this certificate?				Telephone
Your Signature				Date

**B  
I  
R  
T  
H**

Name At Birth	First Name	Middle Name		Last Name
Date of Birth	Month	Day	Year	Age Now
Place of Birth	City CINCINNATI	County HAMILTON	State OHIO	Hospital
Father's Name	First Name	Middle Name		Last Name
Mother's Maiden Name (Name Before Marriage)	First Name	Middle Name		Last Name
Have any corrections been made to this Certificate in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type of corrections		

**D  
E  
A  
T  
H**

Legal Name of Deceased	First Name	Middle Name		Last Name
Date of Death	Month	Day	Year	
Place of Death	City CINCINNATI	County HAMILTON	State OHIO	Hospital or Location of Death

### Office Use Only

Date	Amount \$	Year
Certificate No.	Total Copies Ordered:	
V=	Initial	
Paper Number:		