

City of Parma - Office of Vital Statistics

6611 Ridge Road - Parma, Ohio 44129

Phone: 440-885-8816 - Fax: 440-866-0110

vitalstats@cityofparma-oh.gov

APPLICATION FOR CERTIFIED BIRTH RECORDS \$25.00 per Certificate

FULL Name at Birth:		Date of Birth:
Place of Birth - (HOSPITAL Name and the City/County in Ohio):		
FULL maiden name of mother and State/Country Born In:	FULL name of father and State/Country Born In:	
Have there been any corrections or legal changes made to the Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If name was changed since birth, indicate new name: (this does NOT include marriage)		

In order to process your request the following information **MUST** be completed. The information below pertains to the person requesting the certificate.

APPLICANT INFORMATION: (please print clearly)

Applicant's Name: _____ Phone Number: _____

Address: _____ City/State: _____ Zip: _____

Signature of Applicant: _____

Number of copies requested: _____ Method of Payment: Cash Visa/MasterCard Check/Money Order

★ An *Ohio* driver's license is required when writing a personal check. **ESTATE CHECKS WILL NOT BE ACCEPTED - NO EXCEPTIONS.** The address on your license must match the address on your check. A driver's license is required when using a credit/debit card.

↓ **FOR VITAL STATISTICS OFFICE USE ONLY - DO NOT WRITE BELOW THE LINE** ↓

Certificate File # _____

Issued By: _____ Issue Date: _____

Receipt # _____ Credit Card Authorization # _____

Security Code Issued: _____

Affidavit/Supplement Security Code Issued: _____