

# The Fairfield Department of Health

## Application for Birth Certificate

Name as shown of the birth certificate:

\_\_\_\_\_

**First**

**Middle**

**Last**

**Date of Birth:** \_\_\_\_\_

**Month / Day / Year**

Name of Person requesting birth certificate:

\_\_\_\_\_

Address of Person requesting birth certificate:

\_\_\_\_\_

**City & State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Signature of Applicant:**

\_\_\_\_\_

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Number of certified copies requested: \_\_\_\_\_

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Make checks payable to: **The Fairfield Department of Health**

Please send application with payment (Check or Money Order) to:

The Fairfield Department of Health, 1587 Granville Pike, Lancaster, Ohio 43130

Phone: (740) 652-2836 or (740) 652-2837