

STATE OF OHIO  
DEPARTMENT OF HEALTH  
COLUMBUS, OHIO

APPLICATION FOR CERTIFIED COPY OF DELAYED BIRTH CERTIFICATE OR CORRECTED  
BIRTH CERTIFICATE  
VAN WERT COUNTY, OHIO

CASE NO. \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
PLEASE PRINT OR TYPE

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
COUNTY

\_\_\_\_\_ CITY VILLAGE OR TOWNSHIP

NAME OF FATHER \_\_\_\_\_

MAIDEN NAME OF MOTHER \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET OF R. R. \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

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Submit this application, enclosing check or money order for Twenty-One and 50/100 (\$21.50) Dollars for a certified copy of delayed birth certificate, made payable to Treasury, State of Ohio, to Bureau of Vital Statistics, Ohio Department of Health, P. O. Box 15098, Columbus, Ohio 43215-0098.