

**Noble County Health Department  
44069 SR 821  
Caldwell, OH 43724  
(740) 732-4958**

*REQUEST FOR A BIRTH CERTIFICATE*

CERTIFICATE REQUESTED: \_\_\_\_\_

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

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

NUMBER OF COPIES REQUESTED: \_\_\_\_\_ x \$20.00 each

PERSON MAKING THE REQUEST: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Number of certificates issued: \_\_\_\_\_

Total due: \_\_\_\_\_ [ ] Cash [ ] MO [ ] Check # \_\_\_\_\_

Issued by: \_\_\_\_\_

ODH Audit Number \_\_\_\_\_

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