



CITY OF CLEVELAND
 DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH

Frank G. Jackson
 Mayor

BUREAU OF VITAL STATISTICS
 601 Lakeside Avenue, Room 122
 Cleveland, Ohio 44114

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (Type or Print)					
Name at Birth	First:	Middle:	Last:		
Date of Birth	Month:	Day:	Year:	Age (at last birthday):	
Place of Birth	City:	State:	Hospital or Home:		
Full Name of Father	First:	Middle:	Last:		
Mother's Maiden Name (name before marriage)	First:	Middle:	Last:		

 Name of Person Making Request (type or print)

No. of Copies Requested:

 Address

 Signature

 City, State, Zip

 Home Phone

 Business Phone

Have any corrections or changes ever been made to the certificate?

Yes No