

Date _____

Receipt # _____

Audit # H _____

H _____

Date Issued _____

Issued By _____

BUTLER COUNTY HEALTH DEPARTMENT
301 S. Third Street · Hamilton, Ohio 45011
(513) 887-5230

APPLICATION FOR
CERTIFIED COPY OF BIRTH CERTIFICATE

****There is a statutory fee of \$25 (per copy) for certified copies of Birth Certificates****
MONEY ORDERS & CASH ONLY (No personal checks)

Birth Name _____

Date of Birth _____ Place of Birth _____

Name of Father _____

Maiden Name of Mother _____

Applicant (Your Name) _____

Address _____

Phone Number _____ Work Phone Number _____

Number of copies: _____ **Applicant Signature:** _____