

BIRTH CERTIFICATE APPLICATION

Youngstown Health Department

FOR VITALCHEK USE ONLY
Order #

STEP 1: CERTIFICATE INFORMA	ATION						
Full Name of Child at Time of Birth (Certificate Holder)						
first name	middle name	last name				suffix	
Father's Full Name	maidalla manna	last assess					
irrst name	middle name	last name				suffix I	
Mother's Full Name							
first name	middle name	last name			mother's maiden na	ame	
Date of Birth (MM/DD/YYYY) Place of	Birth <i>(city)</i>		Gender	Male	Reason for R	equest:	
1				□ Famala			
				Female			
			•	•			
STEP 2: APPLICANT INFORMAT	ION						
Name of Applicant							
first name	middle name	last name				suffix	
Otro of Address -		O:4			04	ate	7:
Street Address		City			31	ate	Zip
		1			1		1
Your Relationship to Person Named	on Certificate: E-mail Add	Iress				Daytime	Phone
, , , , , , , , , , , , , , , , , , ,							
Signature of Applicant Date of Application							
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Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.

STEP 3: COST									
Number of Copies (max 3 copies):									
	Qty.	Price	Total						
First Copy	1	\$23.00	\$23.00						
Additional Copies		X \$23.00							
Delivery Method (select one): Processing time may take 7-10 business days then the order is shipped.									
UPS Next Day Air		\$19.00							
UPS 2nd Day Air		\$16.50							
UPS Alaska, Hawaii, Puerto Rico		\$25.50							
UPS Canada / Mexico		\$26.50							
UPS Worldwide Expedited		\$36.00							
Regular Mail		\$0.00							
Processing & Handling									
VitalChek P	VitalChek Processing Fee		\$ 5.00						

STEP 4: PAYMENT INFORMATION
Select Payment Type:
Credit Card Personal Check Money Order
Credit Card Information:
Credit Card Number Expiration Date
Cardholder's Signature Date
DO NOT SEND CASH. If paying by check or money order, make payable to VITALCHEK.

STEP 5: SUBMIT COMPLETED FORM

Option 1: Mail to VitalChek, P.O. Box 308, Brentwood, TN 37024

Option 2 (credit card payments only): Fax to 888-985-2554