



BIRTH CERTIFICATE APPLICATION

Youngstown Health Department

FOR VITALCHEK USE ONLY

Order # _____

STEP 1: CERTIFICATE INFORMATION

Full Name of Child at Time of Birth (Certificate Holder)			
first name	middle name	last name	suffix
Father's Full Name			
first name	middle name	last name	suffix
Mother's Full Name			
first name	middle name	last name	mother's maiden name
Date of Birth (MM/DD/YYYY)	Place of Birth (city)	Gender	Reason for Request:
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

STEP 2: APPLICANT INFORMATION

Name of Applicant			
first name	middle name	last name	suffix
Street Address		City	State Zip
Your Relationship to Person Named on Certificate:		E-mail Address	Daytime Phone
Signature of Applicant			Date of Application

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): <i>Processing time may take 7-10 business days then the order is shipped.</i>			
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 Processing Fee		\$ 5.00	\$ 5.00
Total Amount Due:			

STEP 4: PAYMENT INFORMATION

Select Payment Type:	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Personal Check
<input type="checkbox"/> 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.	

Please do not include a pre-paid express mail envelope with your request. This will cause a delay in delivery. You must select a delivery method from the box on the left.

STEP 5: SUBMIT COMPLETED FORM

Option 1: Mail to VitalChek, P.O. Box 222130, El Paso, TX 79913 **Option 2 (credit card payments only):** Fax to 888-985-2554