

WAYNE COUNTY HEALTH DEPARTMENT

Application for Ohio Certified Birth Record Copies



Public Health

As of January 1, 2025, the fee for a search of an Ohio vital record is \$21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian.. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

WAYNE COUNTY HEALTH DEPARTMENT

Attn: Vital Statistics
244 W. South St.
Wooster, OH 44691
330-264-9590

Birth Certificate

\$27.00 per certified copy in person

\$27.00 per certified copy plus a \$2 processing fee if mailing

APPLICANT INFORMATION (the person requesting the record)			
Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.			
Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

RECORD INFORMATION (the person on the requested record for Ohio births only)			
Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father	Name:

FEES (Please make checks/money orders payable to the Wayne County Health Department (There is a \$30 fee for returned checks))	
BIRTH:	
Please Indicate the Reason for Requesting this Record: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Driver's License <input type="checkbox"/> Genealogy <input type="checkbox"/> Passport <input type="checkbox"/> International Legal Business <input type="checkbox"/> School <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Work Permit	Number of Birth Record Copies: _____ x \$27.00 = \$ _____ \$2 additional processing fee to mail
TOTAL AMOUNT DUE: Make checks/money orders payable to the Wayne County Health Department.	
\$ _____	