

EAST LIVERPOOL CITY HEALTH DISTRICT

126 WEST SIXTH STREET

EAST LIVERPOOL, OHIO 43920

Phone No. 330-385-7900 Fax 330-386-7403

Please mark your preferred language:

English _____ Spanish _____ Other _____

APPLICATION FOR CERTIFIED COPY OF BIRTH AND DEATH RECORDS
CHECK APPROPRIATE ITEM:

_____ Birth Certificate \$26.50 each _____ Number of copies _____

_____ Death Certificate \$26.50 each _____ Number of copies _____

Name on Certificate _____
(first) (middle) (last)

Date of Birth/Death _____

Father's Name _____
(first) (middle) (last)

Mother's Name _____
(first) (middle) (last) (maiden)

Applicant Signature, Address, and Phone Are Required

Applicant Name (Print) _____ Date _____

Signature _____

Street Address _____ Phone _____

City, state, Zip _____

Money Orders must be made payable to East Liverpool City Health District

Shelia Moman, Registrar

Lynn Miller, Deputy Registrar

registrar@eastliverpool.com

| | | | |
|----------------------------|---------|-----------|--|
| Do not write in this space | | Audit No. | |
| SFN: | | | |
| Receipt No. | | | |
| Date received _____ | Mail-In | | |
| Date Mailed _____ | | | |