

EAST LIVERPOOL CITY HEALTH DISTRICT

126 WEST SIXTH STREET
EAST LIVERPOOL, OH 43920
PHONE NO. 330-385-7900 FAX 330-386-7403

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 of person requested: _____

Date of Birth/Death: _____

Father's Name _____

Mother's Maiden Name _____

APPLICANT SIGNATURE, ADDRESS, AND PHONE ARE REQUIRED

Signature _____ Date _____

Street Address _____ Phone _____

City, State, Zip _____

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

Shelia Moman, Registrar
Shelia.Moman@odh.ohio.gov

Lois Boyd, Deputy Registrar
Lois.Boyd@odh.ohio.gov

DISTRICT NO. 1501

DO NOT WRITE IN THIS SPACE	AUDIT # 1. _____
SFN _____	2. _____
RECEIPT # _____	3. _____
	4. _____
	5. _____