

Vital Statistics Application

1840 E. Gypsy Lane Road Bowling Green, OH 43402 419-354-1050

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1 BIRTH CERTIFICAT			
	Number of Certified Copies Protective Sleeve (\$1.00)		Examples that certified copies
	Protective Sleeve (\$	1.00)	must be used for:
Name on Birth Certificate			PassportsSchool Registration
	First Name Midd	le Name Last Name	Driver's License
Date of Birth			Traveling Out of the
Month Day	Year		CountrySocial Security
Mother's Maiden Name		e Last Name	State ID
			Insurance Purposes
Father's Name First Nam			Court Purposes
First Nam	e Middle Name	Last Name	
2 DEATH CERTIFICAT Name on Death Certificate	Number of Certified	Copies	Burial Permit Fee: \$3.00 Permit Requested:
Date of Death			
Month Day	Year		
3 PURCHASER INFORMATION (Please Print)			
Purchaser's NameAddressAddress			
City State	Zip Code	Phone	
Signature Date			
***If purchasing by mail and paying b	y credit/debit card, plea	se provide the following inf	ormation
Name on Credit Card			
Credit Card #	Exp. Date	3 Digit Secu	urity Code
Health Department Use Only			
Date Requested		Check #	
Receipt #	Certified Paper #	Cash	CC

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