

Application for Ohio Certified Records
Wood County Vital Statistics

BIRTH

QUESTIONS/INQUIRIES

(419) 354-1050

Hours of Operation - Excluding Legal Holidays

Monday – Friday: 8:30am – 4:30pm
Closed 12:30-1:30pm for lunch.

SECTION 1	PURCHASER INFORMATION – Person requesting the record. Please print clearly.			
	Applicant Name:		Phone:	
	Street Address:			
	City, State, Zip:			
	Signature:		Date:	

SECTION 2	BIRTH RECORD INFORMATION – Person on the requested record. Please print clearly.		
	Full Name as Shown on Original Birth Record (First/Middle/Last):		
	If name has changed since birth (not due to marriage), indicate new name:		
	Date of Birth:	City and County where Birth Occurred:	Reason for request:
			<input type="checkbox"/> Driver's License/ID <input type="checkbox"/> Personal Records <input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Passport/Travel <input type="checkbox"/> Other, please specify: _____
	Mother's Full Name (First/Middle/Maiden Name):		
	Father's Full Name (First/Middle/Last & Suffix):		

SECTION 3	ORDER INFORMATION			
	Number of Certificates: _____	\$25 each	We accept Cash, Checks (in-state) or Money Orders (payable to Wood County Health Dept.) and MC, Visa, Discover, or American Express with an additional processing fee. All sales are final.	
	Number of Protective Sleeves: _____	\$1 each		
	FOR MAIL REQUESTS:		Mail completed application, payment, and return envelope to:	
	Orders must include a self-addressed stamped return envelope OR \$3.00 added to your order for postage. Orders received without an envelope or additional fee, will not be processed. All sales are final. We are not responsible for lost/stolen/damaged orders.		Wood County Health Dept. – Vital Statistics 1840 E. Gypsy Lane Rd., Bowling Green, Ohio 43402	

For Mail-in Orders Paying via Credit/Debit Card: <i>Do not complete if paying in person.</i>			
Name on Credit Card	Card Number	Exp. Date (MM/YY)	CCV #

OFFICE USE ONLY			
Date ____/____/____	Total Paid \$ _____	Cash ____	CC ____
Receipt # _____	Certified Paper # _____	Mailed/Picked-up ____/____/____	
Notes: _____			

Updated 12/2025