



# Hamilton County Clerk

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## APPLICATION FOR CERTIFIED BIRTH RECORD

1. Fee: \$20.00 for 1<sup>st</sup> copy. \$10.00 for each additional copy

### 2. Birth record requested (If more space is needed, please attach separate sheet)

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST  
PLACE OF BIRTH: \_\_\_\_\_  
HOSPITAL CITY, VILLAGE COUNTY  
DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: M F  
NAME OF FATHER: \_\_\_\_\_  
NAME OF MOTHER: \_\_\_\_\_

**NOTE:** There is no charge for a certification when required by the Veteran's Administration.

Evidence of the V.A.'s requirement of this record must accompany the application.

**Birth certificates are confidential records, and copies can be issued only to person entitled to receive them. The applicant must indicate the requestor's relationship to the person and the intended use of the certification.**

### 3. Applicant Information

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
APPLICANT'S RELATIONSHIP TO THIS PERSON: \_\_\_\_\_  
INTENDED USE OF CERTIFICATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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