

DARKE COUNTY HEALTH DEPARTMENT
300 GARST AVENUE
GREENVILLE, OHIO 45331
(937) 548-4196

REQUEST FOR CERTIFIED BIRTH CERTIFICATE

Name at Birth _____

Date of Birth _____

Mother's Maiden Name _____

Father's Name _____

Signature of Person Making Application _____

Date _____ Address: _____

Phone No. _____

No. Of Copies _____

****\$23.00 per certified copy**

**Please include money order payable to: *Darke County Health Department*

We apologize but we cannot accept personal checks or credit card payments. We also cannot fax birth certificates. If requesting a certificate in person, we accept only cash, money orders or checks with a valid drivers license identification.

**Please include a self addressed stamped envelope for the birth certificate to be mailed back to you.