

# PARMA VITAL STATISTICS

## Application for Ohio Certified Birth Record Copies

Phone: 440.885.8816    Hours: 8:30-4:00 Monday-Friday

**Mail Attention to: Vital Stats**

Parma City Hall  
6611 Ridge Road  
Parma, Ohio 44129

**E-mail to:** vitalstats@cityofparma-oh.gov

Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage.

<b>APPLICANT INFORMATION</b> (the person requesting the record) Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.			
<b>Applicant Name:</b>		<b>Email:</b>	
<b>Street Address:</b>		<b>Phone Number:</b>	
<b>City, State, &amp; Zip:</b>		<b>Signature of Applicant:</b>	

<b>RECORD INFORMATION</b> (the person on the requested record for Ohio births only)			
<b>Full Name</b> (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
<b>Date of Birth:</b>		City and County Where the Birth Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	<b>Full Name Before First Marriage:</b>	<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	<b>Full Name Before First Marriage:</b>

<b>FEES</b> (Do NOT send cash. Please make checks / money orders payable to the City of Parma.)	
<b>Please Indicate if you are Requesting the Long Form of this Record for any of the following reasons:</b> _____ <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> International Legal Business <input type="checkbox"/> Out of Country Marriage	<b>Number of Birth Record Copies:</b> _____ x \$25.00 = \$ _____
<b>TOTAL AMOUNT DUE:</b> \$ _____	

BELOW IS FOR OFFICE TO COMPLETE

DATE: \_\_\_\_\_ RECEIPT: \_\_\_\_\_ TYPE OF PAYMENT: \_\_\_\_\_

CERTIFICATE: \_\_\_\_\_