

APPLICATION
CITY OF STEUBENVILLE HEALTH DEPARTMENT
119 South Third Street (use for FedEx or Overnight mail)
P.O. Box 1427 (use for regular mail)
Steubenville, OH 43952
1-740-283-6000 ext. 1503 or 1504 or 1505

NO PERSONAL CHECKS TODAY'S DATE _____

City of Steubenville Records ONLY

Birth Certificate OR Death Certificate

_____ Number of Certified Copies (23.00) Legal Document \$ _____

NO UNCERTIFIED COPIES ISSUED

Name (at birth OR death) _____

Date (of birth OR death) _____

APPLICANTS INFORMATION:

Print your name _____

Sign your name _____

Your Address _____

Your Phone Number _____

Enclose a stamped, self-addressed business (4 1/8 x 9 1/2) size envelope.

Money order or certified bank check made out to: Steubenville Health Department
(Do not write below this line)

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Registrar's Number _____ Audit Number _____
