

APPLICATION  
CITY OF STEUBENVILLE HEALTH DEPARTMENT  
312 Market 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 \_\_\_\_\_

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