

Washington County Health Department
342 Muskingum Drive, Marietta, Ohio 45750
Phone: (740) 374-2782

Today's Date: _____ Date of Birth/Death: ____/____/____

Name on Certificate: _____

Fathers Name: _____

Mothers Maiden Name: _____

Number of Certificates Needed: _____

Signature of Applicant: _____

Address: _____ State: _____ Zip: _____

Please remit \$25.00 for each certificate requested. Checks should be made payable to the Washington Co. Health Department. Please allow approximately two weeks for delivery.

FOR OFFICE USE ONLY

Date issued: _____ By: _____