



Genealogy Request Form Birth Records

Genealogy requests are taken at the Vital Statistics counter between the hours of 8:15am to 10:00am and from 2:00pm to 4:00pm. Up to five (5) genealogy requests per family per day will be completed. Additional requests may be left at the Vital Statistics Counter and will be completed within one to three business days. This form must be printed and completed before coming into the Vital Statistics office.

These forms can also be mailed to the following address:

Canton City Health Department
Genealogy Requests
420 Market Ave N
Canton, Ohio 44702

When you mail this form in, please indicate if you would like us to contact you by telephone with the information that you request or include a self-addressed stamped envelope and we can mail the information to you. For more information contact the health department at (330) 489-3231.

Birth record requested _____

Date of birth _____

**If you do not know the date of birth, please give us an estimated range of birth years.*

Father's name _____

Mother's full name (indicate her maiden name) _____

Requestor's Information

Name _____

Mailing address _____

Telephone number _____

I would like the following information provided at no cost:

Do you want this information mailed to you at the above address or contact you by telephone?

_____ By mail _____ By telephone