CRAWFORD CO. GENERAL HEALTH DISTRICT
Vital Statistics
130 N. Walnut St., Suite B Bucyrus, OH 44820
Phone: (419) 562-5871, ext. 1201

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD --- CHARGE: $25.00

Print clearly information about person whose birth certificate is requested:

Name on Birth Certificate: _____
First Middle Last (Maiden Name if female)

Date of Birth: _____

Place of Birth: _____

Name of Father (First, Middle and Last): _____

Name of Mother (First, Middle & Maiden): _____

Your Name: _____/_____
Please Print Signature

Address: _____

_____

Telephone Number – Include Area Code: _____

DATE: _____ **# OF COPIES:** _____ **RECEIPT #:** _____ **AUDIT #:** _____