

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

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Print clearly information about person whose birth certificate is requested

Name on Birth Certificate: _____

First

Middle

Date of Birth: _____

Place of Birth: _____

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

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

Your Name: _____ / _____

Please Print

Address: _____

Telephone Number – Include Area Code: _____

DATE: _____ # OF COPIES: _____ RECEIPT #: _____