CRAWFORD COUNTY GENERAL HEALTH DISTRICT

130 N. Walnut St., Suite B Bucyrus, OH 44820

Phone: (419) 562-5871, ext. 1201 Hours: 8:00 a.m. to 4:30 p.m., Monday–Friday

CERTIFIED COPY - \$25.00 EACH Payment by Check or Money Order Enclose Self-addressed and Stamped Envelope

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Name at Birth:				
_			Middle	Last
Date of Birth:	Month		Day	Year
Place of Birth:				
-		tal or Address	City/Village	County
Full Name of Mot	her:	First	Middle	Maiden Name
Full Name of Fath	er:	Titst	Wildaic	Maidell Name
		First	Middle	Last
******	****	·***********	*******	******
APPLICATIO	N FC	OR CERTIFIEI	O COPY OF DEAT	H CERTIFICATE
Full Name of Dec	eased	l :		
		First	Middle	Last
Date of Death:			D	V
Place of Death:	Month		Day	Year
_	City/Village/Town		ship	County
******	****	******	*******	******
Applicant's Name	:			
	Signature		Printed Name	
Mailing Address:	Street Address			
DI M		City	State	Zip Code
Phone No.:				
Today's Date:			# Copies Requested:	
Office Use Only:	•••••	••••••		• • • • • • • • • • • • • • • • • • • •
Date:				
Receipt #	:			