

**APPLICATION FOR  
SEARCH AND CERTIFIED COPY OF BIRTH CERTIFICATE**

Please complete all items below in full

**WARNING:** False application, altering, mutilating, or counterfeiting INDIANA Birth Certificates is a criminal offense under I.C. 16-1-19-6.

**CRAWFORD COUNTY HEALTH DEPARTMENT  
306 OAKHILL CIRCLE  
ENGLISH, IN 47118-0246  
812/338-2302 FAX: 812/338-2301**

**ALL RECORDS BEGIN IN 1882!**

<b>FOR OFFICIAL USE ONLY</b>
Volume: _____ Pg: _____
Certificate #: _____
Filed: _____
Date: _____

ID: _____
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**FULL NAME AT BIRTH:** \_\_\_\_\_

Could this birth be recorded under any other name? If yes, please give name:

\_\_\_\_\_

**PLACE OF BIRTH:** City \_\_\_\_\_ County \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE LAST BIRTHDAY** \_\_\_\_\_

**FULL NAME OF FATHER:** \_\_\_\_\_

(if adopted, please give adoptive father name)

**FULL NAME OF MOTHER:** \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

(if adopted, please give adoptive mother name)

**PURPOSE FOR WHICH B/C NEEDED:** ID \_\_\_\_\_; Driver's License: \_\_\_\_\_, Insurance: \_\_\_\_\_;  
School: \_\_\_\_\_; Retirement: \_\_\_\_\_; Other: (Please specify) \_\_\_\_\_

**YOUR RELATIONSHIP TO ABOVE REQUESTED INFORMATION:** \_\_\_\_\_

**FEES:** \$ 10.00 Includes search and ONE Certified copy, if found.

\$ 10.00 Each additional copy of same record issued.

**TOTAL CERTIFICATES REQUESTED:** \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_

**ONLY CHECKS WRITTEN ON LOCAL CRAWFORD COUNTY BANKS ACCEPTED!**

\_\_\_\_\_

**YOUR SIGNATURE:** (Person requesting certificate) \_\_\_\_\_

**MAILING ADDRESS (REQUIRED)** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Public Law 94-1988 requires that ALL APPLICANTS for birth certificates show at least one (1) form of valid identification before certificate can be issued. MAIL REQUESTS: Please include Xerox copy of driver's license or valid signature ID when mailing request. Please enclose self addressed, stamped envelope. **NO FAXED REQUESTS CAN BE HONORED BY RETURN FAX!**

MSOFFICE: mydocuments/masterforms/vraplications/vrbcform112002.doc