

Crawford County Clerk/Recorder
100 Douglas, P.O. Box 616
Robinson, IL 62454
Phone 618-546-1212 OR 618-544-2590
Fax 618-546-0140

1 Photo ID and 1 other ID required

Special Application for Search of *Birth* of Deceased Individual

This application form is prescribed and furnished by the Illinois Department of Public Health for the uniform compliance to the requirements set forth in Illinois Statute Ch. 111 ½, par. 73-25.1(b). All applicants must complete this form and meet the eligibility requirements of paragraph 73-25(4)(b) of this Act.

MUST PROVIDE COPY OF DEATH CERTIFICATE AS PROOF OF DEATH

Section A - Birth Information			
Name	First, Middle, Last		
Place of Birth	Street, RFD, Hospital	City or Town	County
Date of Birth	Month Day Year	Sex Male Female	Birth Number (if known)
Father's Full Name	First, Middle, Last		
Mother's Full Name	First, Middle, Last	Mother's Maiden Surname	
Section B - Death Information		Section C - Applicant Information	
Full Legal Name at Time of Death (First, Middle, Last)		Name (First, Middle, Last)	
For Female Decedents, Maiden Surname		Street Address	
Date of Death	Month, Day, Year	City, State, Zip	
Place of Death	City, County, State	Relationship to Person	
Relationship to Decedent			
I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief. I further certify that I am a person, or duly authorized agent of a person, who is legally entitled to the birth or death certificate requested above.			
Date		Work Phone	
Signature		Home Phone	
Reason for Certificate:			

Make checks or money orders payable to CRAWFORD COUNTY CLERK

Please include self-addressed stamped envelope.

Death & Birth Records date back to 1877 Marriage records date back to 1817

(Please keep in mind all records were not recorded)

FEES BIRTH CERTIFICATES

Certified copies \$18.00 each (Additional certified copies are \$8.00 each)