



Application for a Certified Birth Certificate

**** Please read carefully. Complete ALL the items listed below. ****

INSTRUCTIONS:

1. Please complete all items below by printing clearly.
2. Primary identification required. (copy Valid Driver's license, Military ID, Passport)
3. To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. (Indiana Code 16-37-1-8)
4. Proof of relationship is required IF you are requesting a certificate other than your own.
5. Payment: cash, certified check or money order. **NO PERSONAL CHECKS** are accepted.
6. Please return to the Health Department with a stamped, self-addressed envelope.

Number of certificates _____ @ \$15 each Total amount enclosed \$ _____

Full name at birth: _____
First Middle Last

Date of Birth: _____

Place of Birth City, County, Name of Hospital: _____

Has this person ever been adopted? _____

Has this person ever had a legal name change other than marriage? _____

If yes please provide us the new name _____

Full name of Parent 1: _____
(If adopted the adopted parent)

Full Name of Parent 2 including Maiden Name: _____
(If adopted the adopted parent)

Please indicate in the boxes below how you are related to the person on the birth certificate.

Individual named on the record over 18. (under 18 must have letter from parent and copy of parents ID)	Spouse of person named on the record. (with proof of relationship, marriage license)
Parents of person named on record. YOU must be named on the record.	Legal Guardian of person named on record with proof. (Current guardianship paper with raised court seal)
Brother/Sister over 18 with proof of relationship. (copy of your birth certificate with one parent in common)	Adult child of the person named on the record (with proof of relationship. YOUR birth certificate)
Aunt/Uncle of person named on the record with ID and copy of birth certificate of the parent and self	Stepparent with ID and copy of valid marriage certificate and signed authorization including ID from legal parent
Grandparent of person named on record with proof of relationship (your child's birth record)	

Purpose for which record is to be used: _____

Address: _____

Phone #: () _____ Street City State Zip
today's date: _____

PRINT NAME _____

Signature: _____