FLOYD COUNTY HEALTH DEPARTMENT

1917 Bono Road

New Albany, IN 47150 Phone: (812) 948-4726 Fax: (812) 948-2208 Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.

BIRTH CERTIFICATES \$15.00 PER COPY

INSTRUCTIONS

*Please complete all items below by printing clearly *To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need to determine personal or property rights. IC 16-37-1-8. <u>WARNING</u>: False application, altering, mutilating or counterfeiting Indiana birth certificate is a criminal offense under IC 16-37-1-12.

Application for Certified Birth Certificate

THIS OFFICE ONLY HAS BIRTH CERTIFICATES FOR FLOYD COUNTY, INDIANA

1. Full name at birth:		2	2. Age		3. Sex	()Male ()Female
4. Date of Birth	5. Place of Birth: City		County:		State:	
6. Has this person been adopted? 7. Has name been legally c		anged?	8. If yes, new name:			
() Yes () No	() Yes (not by marriage) () No					
9. Full name of father:			Father's State of Birth:			
10. Full name of mother:		Maiden Name	Name: Moth		other's State of Birth:	
11. RELATIONSHIP TO PERSON NA	MED IN BOX 1					
() Person named on the record	() Legal Guar	dian of person	named on th	e		
() Parent(s) of person named on the reco	-	ourt ordered gua				
() Grandparent(s) of person named on the	e record () Sibling, ov	er 18, of persor	named on th	ne		
() Spouse of person named on the record	l record.					
() Adult child of the person named on th	e record					
12. Purpose for which record is to be used:		13. Telephone number:				
Name of Applicant:						
Address:						
City/State/Zip:						
hereby swear and confirm the above	e statements are true and corr	ect.				

TO BE COMPLETED BY A NOTARY PUBLIC				
State of	_)			
County of				
•				
	tory evidence to be the person whose name is subscribed within this instrument and			
has acknowledged to me that he/she	executed the same in his/her authorized capacity as listed in item 11 and that by			
his/her signature on the instrument	the person, or the entity upon behalf of which the person acted, executed the			
instrument.				

My commission expires _____, 20___