



Blackford County Health Department

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Hartford City IN 47348
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<https://www.in.gov/localhealth/blackfordcounty>

APPLICATION FOR CERTIFIED COPY OF BIRTH

Warning: False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under IC 16-1-1-19-6. Effective July 1, 1988, **Indiana law REQUIRES each applicant to show at least one form of identification. If submitting by mail a Xerox copy of a valid driver's license will be accepted as identification.**

Has person ever been adopted? _____ If yes give adoptive name: _____

Full name at birth: _____
(Adoptive births give biological birth name if known.)

City of birth: _____ County: **BLACKFORD**

Date of birth: _____ Current age: _____

Full name of Father: _____

Full MAIDEN name of Mother: _____

Purpose for which record is to be used: _____
(ID, Job, Travel, Social Security, Etc.)

Your relationship to person whose record is requested: _____

Signature: _____

Telephone: _____

Mailing Address: _____

City, State, Zip _____

Payment: Cash, Check or Money Order (Debit/Credit cards not accepted)

	#	\$ Total
Fees: <u>Regular certificate</u> (half sheet size) \$15 each	_____	_____
<u>Sleeved wallet certificate</u> (slightly bigger than credit card) \$15 each	_____	_____

OFFICE USE ONLY

Book: _____ Page: _____ Filed: _____ Issued: _____ ID: _____

Cert # _____ By: _____