



**Blackford County Health Department**

506 E Van Cleve St

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

		#	\$ 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: \_\_\_\_\_ Issued: \_\_\_\_\_ ID: \_\_\_\_\_ Cert # \_\_\_\_\_ By: \_\_\_\_\_