



CARROLL COUNTY HEALTH DEPARTMENT

101 W MAIN STREET, DELPHI, IN 46923
Phone: 765-564-3420 Fax: 765-564-6161
Emily Backer, MD, Health Officer

BIRTH CERTIFICATE APPLICATION

WARNING: False application, altering, mutilating or counterfeiting an Indiana Birth Certificate is a criminal offense under I.C. 16-1-19-6.

NO BIRTH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION

CASH, CHECK or MONEY ORDER (made out to Carroll County Health Department) for **\$10.00** per certified Birth Certificate. For Genealogy purposes only the cost is **\$2.50**.

You must have a signed form of identification. If submitting by mail, you must send a photocopy of your Driver's License.

FULL NAME AT BIRTH: _____
First Middle (LAST NAME AT BIRTH)

DATE OF BIRTH: ____/____/____ **AGE:** ____ **BORN IN:** _____

FATHER: _____ **BIRTHPLACE:** _____
First Middle Last State

MOTHER: _____ **BIRTHPLACE:** _____
First Middle (MAIDEN) State

PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:

___ ID ___ Passport ___ Job ___ School ___ Personal Records ___ Other (Specify) _____

Certified Birth Certificates are issued to the individual named above (if over 18), their parents, grandparents, siblings, spouse, children or guardian.

TODAY'S DATE: ____/____/____ **CONTACT TELEPHONE NUMBER:** (____) _____

RELATIONSHIP TO ABOVE PERSON:

Self: ___ Spouse: ___ Parent: ___ Grandparent: ___ Brother/Sister: ___ Son/Daughter: ___ Sibling: ___

Aunt/Uncle: ___ Adult Niece/Nephew: ___ OR

Assigned Funeral Home/Director (must provide explanation of direct interest on letterhead): ___

Legal Interest (Must provide proof of legal relationship; i.e. contract, agreements, titles, court order): ___

Genealogy – Individual named on the certificate must be over 75 years old: ___

PRINT NAME: _____ **SIGNATURE:** _____

_____ Street City State Zip Code

OFFICE USE ONLY:

DRIVER'S LICENSE NUMBER: _____ **OTHER FORM OF ID:** _____

ADDRESS ON LICENSE: ___ Same ___ Other: _____

*Emily Backer, MD
Carroll County Health Officer*