Application for Search & Certified Copy of Birth Record

315 S Ireland St, Greensburg, Indiana 47240

Phone: (812) 663-8301 Fax: (812) 663-4174

Email: vitalrecords@decaturcounty.in.gov or wherd@decaturcounty.in.gov

WE ONLY HAVE DECATUR COUNTY, INDIANA BIRTH RECORDS, COMPLETE ALL ITEMS BELOW

Warning: False application to obtain or inspect, alter, mutilate, or counterfeit Indiana Birth Certificates, or the use of such a certificate, is a criminal offense under IC-16-37-1-12. In accordance with Indiana Code 16-37-1-7, requests for Birth Certificates must include the information below. A permanent record of this request must be kept on file.

VALID IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8

Full Name at BIR1	`H
Name after any le	egal or court ordered changes to birth certificate
Date of Birth	Check place of birth: Hospital Home
Full Name of Pare	ent 1:
(MAIDEN NAME if	applicable; if adopted, give name of adoptive parent)
Full name of Pare	nt 2:
(MAIDEN NAME if	applicable; if adopted; give name of adoptive parent)
Place of Birth (if n	ot a state put country): Parent 1 Parent 2
Purpose for which	n record will be used
Your relationship	to persons record you are requesting?
copies will be \$2.	s requested: \$25.00 for the first copy (original or wallet), addition 00 each, bundle (original size + wallet) \$27.00 cash, money order, check, copy of State issued ID required
Your name (PLEA	SE PRINT)
Your signature	
Address:	
Phone:	
HEALTH DEPARTM	ENT USE ONLY:
Date Received:	Form of ID: Expires:
Standard	Standard & Wallet Copy of PA Method of payment
Date Record was File	d File Number