



Providing Education • Promoting Health • Preventing Illness

203 S. Prince Street, Suite A • Princeton IN 47670

(812) 385-3831 • (812) 386-8027

www.gibsoncountyhealth.org

YOU MUST INCLUDE A COPY OF A STATE ISSUED IDENTIFICATION CARD. SEE BELOW

Request for Certified Copy of Birth. Complete ALL the items listed below.

Full Name at Birth _____

Date of Birth _____ Place of Birth _____

Father's Full Name, if listed on the birth certificate _____

Mother's First name, middle name and **Maiden Name** _____

Has this person ever been adopted? _____ Has this person ever had a court ordered name change? _____ If yes, please provide the new name _____

Please indicate in the boxes below how you are related to the person on the birth certificate

I am the Individual named on the record over 18 (under 18 must have letter from parent & copy of parent's ID).	I am the spouse of person named on the record (with proof of relationship, <u>marriage license</u>).
I am the mother/father of person named on the record. YOU must be named on the record.	I am the legal guardian of person named on record with proof (<u>current guardianship paper with raised court seal</u>)
I am the brother/sister over 18 with proof of relationship (<u>copy of your birth certificate with one parent in common</u>).	I am the adult child of the person named on the record (with proof of relationship YOUR birth certificate)
I am the aunt/uncle of person named on the record with ID & <u>copy of birth certificate of the parent & self.</u>	I am the stepparent with <u>ID and copy of valid marriage certificate and signed authorization including ID from legal parent</u>
I am the grandparent of person named on the record with proof of relationship (your child's birth record).	

Purpose for obtaining birth certificate _____

Name of person requesting birth certificate _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Today's Date _____

Number of Birth Certificates Requested _____ @ \$15.00 ea. (there is a service fee for credit/debit cards)

Signature _____

**Mail request to: Gibson County Health Department
203 S. Prince Street; Suite A
Princeton, IN 47670**

- Include \$15.00 per copy requested via check or money order
- **Primary identification required, front and back sides.** (copy of valid driver's license, state issued ID card, military ID, passport. If you do not have this, call the Health Dept)
- To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. (Indiana Code 16-37-1-8)