**WARNING: FALSE APPLICATION FOR, AND/OR ALTERING, MUTILATING,**

**OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE**

**IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12**

**APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE**

**IDENTIFICATION REQUIRED**

**Photo Copy – Valid Driver’s License or State I.D. of the person signing the application**

**COMPLETE ALL INFORMATION BELOW:**

Number of Certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plastic Pouch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$10.00 Each Copy $2.00 Each (Not required)

1. Full Name at Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

2. Name after any legal changes or court orders Paternity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3, Has this person ever been adopted? Yes No

If YES, give name after adoption here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Place of Birth (Name of Hospital or address of birth): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Full Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If adopted, list adoptive father) First Middle Last

9. Full Maiden Name of Mother : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If adopted, list adoptive mother) First Middle Last

10. Relationship to person in Item No.1? (If you are getting your own put “self”)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Reason for request? (ex. School, insurance, ID, records):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

**Payable By cash, Credit/ Debit card or Money Order, No Personal Checks**

**\*\*\* Not Responsible for Cash Sent in the Mail \*\*\***

Mail:

Noble County Health Department Email: jan.cunningham@nobleco.gov

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