**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 – Driver’s License or State I.D.

**COMPLETE ALL INFORMATION BELOW:**

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

First Middle Last

1. Name after any legal changes or Court ordered Paternity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has this person ever been adopted? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

9. Mother’s Full Maiden Name (Her Birth Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If this is not your record, how are you related to person in item No. 1?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Why are you requesting the Certificate?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Street Address City State Zip

**PAYABLE BY CASH, CREDIT CARD or MONEY ORDER** ***NO PERSONAL CHECKS \*NOT RESPONSIBLE FOR CASH SENT IN MAIL***

Fee: $10 Per Certificate Mail To/or E-Mail: [ashively@nobleco.us](mailto:ashively@nobleco.us)

Number of Certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee: $2.00 Per Pouch Noble County Health Department

Number of Plastic Pouch: \_\_\_\_\_\_\_\_\_\_\_\_\_ 2090 N. St. Road 9 Suite C-2

Albion, IN. 46701

FOR OFFICE USE ONLY: ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIPT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEARCHED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_