



NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701

Telephone: (260) 636-2191
Fax: (260) 636-2192

**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: _____
\$15.00 Each Copy \$2.00 Each (Not required)

1. Full Name at Birth: _____
First Name Middle Name Last Name

2. Full name after any legal changes or court orders Paternity: _____

3. Has this person ever been adopted? Yes No

If YES, give full 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

No Personal Checks

___ **Payable By cash, *** Not Responsible for Cash Sent in the Mail *****

___ **Money Order**

___ **Credit/ Debit card (Master Card, Visa or Discover)**

We will call you to get the credit card information once we receive the Application

Mail:
Noble County Health Department
2090 North State Road 9 Suite C-2
Albion, IN 46701

Email: jan.cunningham@nobleco.gov

For Office Use Only:

Searched By: _____ Date: _____ Certificate#: _____ Receipt #: _____