## Porter County Health Department Vital Records 155 Indiana Ave Ste 104 Valparaiso, Indiana 46383 (219) 465-3525



Porter County Health Department North County Government Complex 3590 Willowcreek Road Ste C Portage, Indiana 46368 (219) 759-8239

## **Request for Certified Birth Record**

(Please Complete ALL Sections)

Print or Type		•	•	•	
			r any other name? Exa		
No_	Yes	Give full Na	me:		
2 Dlace of Pirt	h:				
2. Place Of Bill	·I				<del></del>
3. Date of Birth	1:				
4. Mother's Fu	ll Name, includ	ing Maiden Nai	me:		
	-		_		
•	<ul><li>Mother's Pl</li></ul>	lace of Birth (St	ate):		
5 Father's Full	Name:				
J. Tatrici Stuli	ivanic				
•	Father's Pla	ice of Birth (Sta	ıte):		
6. My Relation	ship to the pers	son whose Birtl	h Record being reques	sted:	
7. Number of 0	topios Poguost	nd.			
7. Number of C	opics request				
Warning: False appl	ication. Alterin	a. mutilating o	r Counterfeiting India	na Birth Certificates is a Crir	minal Offense
under C.I. 16-37-1-12		.g,g o.			
	•			h Department recommends	this request be
sent via Federal Exp	ress or UPS. The	e Health Depar	tment will not be resp	ponsible for lost mail.	
Signature of Applicant		. Applicant's Address			
Signature of Applicant			Applicant 3 Address	•	
			City	State	
Printed Name of Applicant		•		•	
		Telephone			
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In Perso			•	or Debit Card (additional Fee	s apply)
	By Mai	i: Official Ch	ecks or Money Order (	( <u>חס אסנ Sena Casn)</u>	
Office Use Only:	Date:		Identification	on:	

Office Use Only:	Date:	Identification: