

SEND ALL MAIL REQUESTS TO:
Porter County Health Department
Vital Records
155 Indiana Ave Ste 104
Valparaiso, Indiana 46383
(219) 465-3525



Request for Certified Birth Record

(Please Complete ALL Sections)

Print or Type

1. Full Name at Birth: _____
 - Could this birth be recorded under any other name? Example: Adoption
No _____ Yes _____ Give full Name: _____
2. Place of Birth: _____
3. Date of Birth: _____
4. Mother's Full Name, including Maiden Name: _____
 - Mother's Place of Birth (State): _____
5. Father's Full Name: _____
 - Father's Place of Birth (State): _____
6. My Relationship to the person whose Birth Record being requested: _____
7. Number of Copies Requested: _____

Warning: False application, Altering, mutilating or Counterfeiting Indiana Birth Certificates is a Criminal Offense under C.I. 16-37-1-12

Due to the nature of the personal information, the Porter County Health Department recommends this request be sent via Federal Express or UPS. The Health Department will not be responsible for lost mail.

Signature of Applicant

Applicant's Address

Printed Name of Applicant

City State Zip

Telephone

Identification is required of person making request. Photo copy of Driver's License or State ID needs to be included for online or mail requests.

Fee: \$15.00 per copy

Payment Options: (No Personal Checks accepted)

In Person: Cash, Official Checks, Money Order, Credit Card or Debit Card (additional Fees apply)

By Mail: Official Checks or Money Order (**Do Not Send Cash**)

Office Use Only:

Date: _____

Identification: _____