

## **Putnam County Health Department**

P.O. Box 507 Greencastle, IN 46135 Phone: (765)653-0203 Fax: (765)653-0208 IN.gov/localhealth/putnamcounty

## CERTIFICATE OF BIRTH APPLICATION

Certified Birth Certificates \$15/copy - Genealogy Record \$3/copy

| Full Name on Birth Certificate:   |   |  |   |                                       |
|---|---|--|---|---------------------------------------|
| Could this birth be recorded under any  | y other name? IF yε                       | es, please give nan  | ne:                                       |                                       |
| Date of Birth:  | Purpose for re                            | se for record being requested:  (Driver License, Passport, Insurance, Attorney Request, School Record, etc.) |   |                                       |
| Full Name of Father:  |   |  |   |                                       |
|   | (if adopted, give nar                     | me of adoptive father)   |   |                                       |
| Full <u>Maiden</u> Name of Mother:  |   |  |   |                                       |
|   | ,,  | ame of adoptive mother   |   |                                       |
| Your relationship to the person whose   | e birth record is req<br>(Mother, Father, | uested if other tha<br>Biological Grandparent,   | n yourself:, Sister, Brother, Child/Grand | lchild, Attorney, Custodial Guardian) |
| Signature of Applicant:   |   | Printed:   |   |                                       |
| Address:  |   |  |   |                                       |
| Address:Street  |   | City   | State                                     | Zip                                   |
| State Issued ID Number:   |   | P  | hone:                                     |                                       |
| Birth Certificate applications by mail  TO  ID Used: Valid Driver's License O | l <u>must be notarized</u> . A            | ED BY A NOTAR  Card OR Valid F   | ENEALOGY records do                       |                                       |
| · 11  |   |  | c   |                                       |
| Issued by,(State or Government Agency Issue                                   | ing the ID)                               | identification numor   | er of(Identification # Pri                | inted on ID)                          |
| with expiration date of   |   | . Date:  |   |                                       |
| Signature of Notary Public  |   |  | nission Expires on:                       |                                       |
| Date Received:  |   | ffice Use Only Birth C   | Certificate Number:                       |                                       |
| Clerk:  |   | Receipt  | Number:                                   | 09.2                                  |
|   |   |  |   | 09.2.                                 |