

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 a	any other name? IF	yes, please give nar	ne:	
Date of Birth:	Purpose for record being requested: (Driver License, Passport, Insurance, Attorney Request, School Record, etc.)			
Full Name of Father:		C. I. v. Cash		
	(if adopted, give	name of adoptive father))	
Full <u>Maiden</u> Name of Mother:				
	(if adopted, give	name of adoptive mother	r)	
Your relationship to the person who	ose birth record is re (Mother, Fath	equested if other than er, Biological Grandparent	an yourself:, Sister, Brother, Child/Grand	lchild, Attorney, Custodial Guardian)
Signature of Applicant:		Printed:		
Address:				
Address:Street		City	State	Zip
State Issued ID Number:			Phone:	
Birth Certificate applications by many many many many many many many man	ail <u>must be notarized</u> FO BE COMPLET OR Valid State II	ΓED BY A NOTAR	ENEALOGY records do	
Issued by.	with th	he identification numb	ner of	
Issued by,(State or Government Agency Is	ssuing the ID)	•	(Identification # Pri	inted on ID)
with expiration date of		Date:		
Signature of Notary Public		My Comn	nission Expires on:	
		Office Use Only		
Date Received:			Certificate Number:	
Clerk:		Receipt	Number:	09.23
				07.25