

Putnam County Health Department

P.O. Box 507 Greencastle, IN 46135 Phone: (765)635-0203 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	r any other name? IF	yes, please give nam	ne:	
Date of Birth:	Purpose for record being requested: (Driver License, Passport, Insurance, Attorney Request, School Record, etc.)			
Full Name of Father:	(if adopted, give	name of adoptive father)		
Full <u>Maiden</u> Name of Mother:		name of adoptive mother	·)	
Your relationship to the person w	hose birth record is r (Mother, Fat)	requested if other tha her, Biological Grandparent,	n yourself:	ndchild, Attorney, Custodial Guardian)
Signature of Applicant:		Printed:		
Address:Street		City	State	Zip
State Issued ID Number:		P	hone:	
Birth Certificate applications by	MAIL- mail <u>must be notarize</u>	IN REQUEST	FS: ENEALOGY records of	
ID Used: <u>Valid Driver's License</u>	e OR Valid State I (Circle ID Type U	D Card OR Valid H sed for Identification)	Passport OR Valid	Military ID Card
Issued by,(State or Government Agency	with t	he identification numb	er of(Identification # P	Printed on ID)
with expiration date of		Date:		
Signature of Notary Public		My Comm	ission Expires on:	
Date Received:		Office Use Only Birth C	Certificate Number	
Clerk:	Receipt Number:			

Complete all items above and provide identification as required according to IC 16-37-1-7 & 8.

Warning: False application, altering, mutilating, or counterfeiting Indiana birth certificates are all a federal offense under I.C. 16-37-1-12