

DATE FILED _____

BK _____

Vermillion Co. Health Dept.

CERTIFICATE _____

257 Walnut Street

RECEIPT # _____

PG.: _____

Clinton, Indiana 47842

DATE REC. _____

APPLICATION FOR CERTIFIED COPY BIRTH/DEATH CERTIFICATE

WAS THIS PERSON EVER ADOPTED? _____

NAME AT BIRTH (DEATH) _____

PLACE OF BIRTH (DEATH) _____

DATE OF BIRTH (DEATH) _____

FATHER'S FULL NAME _____

BIRTHPLACE OF FATHER (STATE) _____

FULL MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (STATE) _____ PURPOSE: _____

IN REQUESTING THIS CERTIFICATE, I CERTIFY THAT I AM LEGALLY ENTITLED TO THIS INFORMATION

SIGNATURE _____ RELATIONSHIP _____

ADDRESS: _____ PHONE: _____

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CRIFICATES IS A CRIMINAL OFFENSE UNDER I.C. 16-1-19-6