



**NOBLE COUNTY HEALTH DEPARTMENT**

2090 N. State Road 9, Suite C  
Albion, Indiana 46701

Telephone: (260) 636-2191  
Fax: (260) 636-2192  
Clinic Fax: (260) 636-3753

**WARNING: FALSE APPLICATION FOR, AND/OR ALTERING, MUTILATING,  
OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE  
IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12**

**APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE**

**IDENTIFICATION REQUIRED**

**Photo Copy – Valid Driver’s License or State I.D.**

**COMPLETE ALL INFORMATION BELOW:**

Number of Certificates: \_\_\_\_\_ Plastic Pouch: \_\_\_\_\_  
\$10.00 Each Copy \$2.00 Each (Not required)

1. Full Name at Birth: \_\_\_\_\_  
First Middle Last

2. Name after any legal changes or court orders Paternity: \_\_\_\_\_

3. Has this person ever been adopted?  YES  NO

4. Gender: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_ 6. Age \_\_\_\_\_

7. Place of Birth (Name of Hospital or address of birth): \_\_\_\_\_

8. Full Name of Father: \_\_\_\_\_  
First Middle Last

9. Mothers Full Maiden Name (name at birth): \_\_\_\_\_  
First Middle Last

10. If this is not your record how are you related to person in Item No. 1? \_\_\_\_\_

11. Why are you requesting the certificate? \_\_\_\_\_

12. Your Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

13. Your Address: \_\_\_\_\_  
Street Address City State Zip

**Payable By cash, Credit/ Debit card or Money Order, No Personal Checks**  
**\*\*\* Not Responsible for Cash Sent in the Mail \*\*\***

Mail:  
Noble County Health Department  
2090 North State Road 9 Suite C-2  
Albion, IN 46701

Email: jan.cunningham@nobleco.gov

For Office Use Only:

Searched By: \_\_\_\_\_ Date: \_\_\_\_\_ Certificate#: \_\_\_\_\_ Receipt #: \_\_\_\_\_