

COUNTY HEALTH DEPARTMENT

Birth Certificate Application

313 W. JEFFERSON STREET/ROOM 314; DECATUR, INDIANA 46733

Phone (260) 724-5326 - FAX (260) 724-5328

PLEASE COMPLETE ALL ITEMS BELOW - Valid identification is required (See reverse side for valid ID)

1. FULL name at birth (of person whose birth certificate you want):			2. Date of birth (of person in Box 1):		
First	Middle	Last	_____		
3. Has this person been adopted? YES <input type="checkbox"/> NO <input type="checkbox"/>		4. New name after adoption: _____			
		First	Middle	Last	
5. Full Name of father (of person in Box 1):			6. Full MAIDEN name of mother (of person in Box 1):		
First	Middle	Last	First	Middle	Last
7. Birthplace of father (state):			8. Birthplace of mother (state):		
9. Are you the person in Box 1? YES <input type="checkbox"/> NO <input type="checkbox"/>			10. If not, what is your relationship to that person ?		
11. Purpose for which record is to be used: School Insurance Travel Employment Sports Social Security License/Permit/ID Public Assistance Infant Other (<i>specify</i>) _____			12. Print <u>your</u> current name		
13. Your phone number			14. Your signature		
15. Your street address			16. Your city, state, zip		
Standard Birth Certificate - \$15.00 _____			E-mail address:		
Wallet Birth Certificate - \$15.00 _____			_____		
Combo - 1 standard and 1 wallet - \$25.00 _____			_____		

If ordering by mail, please include:

A stamped, self addressed envelope

Picture ID of person requesting this record

\$15.00 for each certificate or \$25.00 for combo

For office use only:

B.C. #	Book:	Page	File Date		
Completed By:	Date:	ID#	State:	Expires:	
Standard Certificate #		Wallet Certificate #		Rcpt#	

Email Address

COUNTY HEALTH DEPARTMENT
313 W. JEFFERSON ST. ROOM 314
DECATUR, INDIANA 46733-1660
Phone Number (260) 724-5326
Fax Number (260) 724-5328

HOW TO APPLY BY MAIL:

Please read all instructions before completing application and returning. All 3 items must be met in order to issue the certified copy. Should you have any questions please call the number listed on the application.

1. Complete application. ***Omissions could cause delay*** . Applicants must be 18 years of age.
2. Send photo copy of Identification, such as:
 - Valid Driver's License
 - Military I.D.
 - State I.D. Card
 - Valid Passport
 - Department of Correction I.D., issued within past 6 months
 - School I.D. with signature and/or photo for current school year
 - Court Order (must order LHD to release record to person named on the record)

**** If the ID address is different than the mail in address, proof is required....pay stub, utility bill, lease agreement, mortgage etc.**

If **none** of the above are available, we will accept **two** of the following documents; all must be current and valid

- Club membership with signature or photo
- Copies of signed employment application
- Employment I.D. with signature, photo, date of employment or employer address
- Expired Driver's License
- Form 4029 - Application for Exemption from Tax on Self-Employment Income
- Gun/Hunting/Fishing Permit with signature
- Letter from BMV or Social Security Administration that shows individuals name and DOB
- Library Card with signature
- Marriage application issued by Clerk of Court with signatures
- Previous year's tax return with signature and Social Security Number
- Probation documents or statement from Probation Officer on letterhead, including person's name and date of birth.
- Signed leases or loan agreement
- Signed Social Security Card
- Vehicle Registration with signature
- Voter Registration card with signature
- Welfare, Food Stamp or WIC I.D. cards

NOTE : In the event your identification has been lost due to theft or fire we will accept a police or fire report. A person who has no form of I.D. should have an immediate family member to apply. (Immediate family includes parent, grandparent, sibling, and child). Family members must be 18 years of age, have proof of relationship and personal identification.

3. Return application, identification, payment and self-addressed envelope to above address. Request will be processed same day as received providing there are no omissions and or errors.

CASE MANAGERS and or ATTORNEY'S: Provide professional and personal I.D. as well as Release of Information Form from client.

TO EXPEDITE THIS REQUEST: Return all of the above by priority or overnight mail. Return envelopes of the same should be enclosed with the application and payment. ALL OVERNIGHT OR EXPRESS CHARGES ARE THE APPLICANTS RESPONSIBILITY.