

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

FULL NAME AT BIRTH _____

LIST ALL NAMES IT COULD BE RECORDED UNDER. _____

PLACE OF BIRTH _____ DATE OF BIRTH _____
City or Township

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF FATHER _____ BIRTHPLACE OF MOTHER _____
State Only State Only

PURPOSE FOR RECORD _____ RELATIONSHIP _____

YOUR SIGNATURE _____ PHONE _____

ADDRESS _____
Street City State Zip

DATE _____

WARNING: FALSE APPLICATION, ALTERING, MUTILATION, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER INDIANA CODE 16-1-19-6.

FEE: \$15.00 FOR COMBO BIRTH CERTIFICATE: 1 REGULAR SIZE AND 1 WALLET SIZE w/POUCH

APPLICATION MUST INCLUDE:

- 1-COMPLETED APPLICATION FOR BIRTH CERTIFICATE
 - 2-PHOTO IDENTIFICATION THAT INCLUDES SIGNATURE OF APPLICANT
 - 3-\$15.00 CASH*, CHECK, OR MONEY ORDER
- *please do not send cash through the mail

Mail to: HANCOCK COUNTY HEALTH DEPARTMENT
111 AMERICAN LEGION PLACE, ROOM 150
GREENFIELD, IN 46140

WE HAVE NO RECORDS OF BIRTHS OCCURING OUTSIDE OF HANCOCK COUNTY.