MARION COUNTY
HEALTH DEPARTMENT
making a difference

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE
THIS OFFICE HAS MARION COUNTY RECORDS *ONLY*

INSTRUCTIONS:

* Please complete all items below by printing clearly in black ink.
* To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8
  - Checks or money orders must be made payable to **Marion County Health Department**.
  - **Mail Application to**: Marion County Health Department, Attn: Vital Records, 3838 N Rural St., Indianapolis IN 46205

WARNING: False applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offence under IC 16-37-1-12

1.Full name at birth:	2. Age	3. Sex: ☐ Male ☐ Female	4. Date of Birth

5. Place of birth: City	County:	State:	Hospital:

6. Full Name of Father:	Father's State of Birth:	7. Full Maiden name of mother	Mother's State of Birth:

8. Has this person been adopted? ☐ Yes ☐ No	9. Has name been legally changed? ☐ Yes (Not by marriage) ☐ No	10. If yes, New name.

10. Relationship to person named on certificate. (Check appropriate box.)

☐ Person named on the record.
☐ Grandparent(s) of person named on the record. (Include a photocopy of your child's birth certificate, to prove relationship.)
☐ Spouse of person named on the record. (Please include a copy of your marriage license to prove relationship.)
☐ Legal Guardian of person named on the record. (Please include original legal guardianship papers with raised court seal.)
☐ Parent(s) of person named on the record.
☐ Sibling, over 21, of person named on the record. (Please include a photocopy of your own birth certificate to prove relationship.)
☐ Adult child of the person named on the record. (Please include a photocopy of your own birth certificate to prove relationship.)

11. Purpose for which record is to be used.	12.Telephone number

Type of Certificate	Quantity	Price	Total Amount
Full Size		$10.00 each	$
Full Size in Plastic		$12.00 each	$
Wallet Size		$10.00 each	$
Wallet Size in Plastic		$12.00 each	$
Correction Fee		$10.00	$
Total			$

Name: _____

Address: _____

City/State/Zip _____

I hereby swear and affirm the above statements are true and correct.

_____
Signature of Applicant

The following section must be completed if the person in Line 1 above is 1(one) year of age or older. If the person in line 1 is less than one year, you need only include a photocopy of your ID.

TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20_____ by

_____, who produced the following Identification, (Check the applicable box.)
(Print name of person requesting Birth Certificate)

☐ Valid Drivers License ☐ Valid State Identification Card ☐ Valid Military Identification Card ☐ Valid Passport

Issued by _____, with the Identification number of _____ expiring _____.
(State or Government Agency issuing the ID) (Identification number printed on ID) (Expiration Date)

My commission Expires _____, 20_____. _____
(Signature of Notary Public)