DEKALB COUNTY
Department of Health

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

COMPLETE ALL INFORMATION BELOW:

1. Full Name on Birth Record: _____
First Name Middle Name Last Name

2. Has this person been adopted? Yes_____ No _____

If YES, give name after adoption here: _____

3. Sex: _____ 4. Date of Birth: _____ 5. County of Birth:_____

6. Full Name of Father:(If adopted, list adoptive father) _____

7. Full Name of Mother Before Marriage :(If adopted, list adoptive mother) _____

8. If this is not your record, how are you related to the person in item No. 1? _____

9.Reason for Request: (ex: School, ID, Records, Insurance) _____

10. Your Signature: _____Phone Number: _____

11. Your Address: _____
Street Address City State Zip code

_____ Quantity of Full Size Requested **($15 per Certificate)**

_____ Quantity of Plastic Protective Pouch(**$1 per pouch**)

*Payable by cash or money order made payable to: DeKalb County Health Dept.
*NO PERSONAL CHECKS
*NOT RESPONSIBLE FOR CASH SENT IN MAIL

Mail to:
DeKalb County Health Dept.
220 East 7th St, Suite 110
Auburn, Indiana 46706

IDENTIFICATION REQUIRED (Send copies if mailing application)
Photocopy of Driver's License or State I.D. **(Orders with no I.D. will be returned)** Submit either one valid Primary Document or two valid Secondary Documents. All documents must be current and valid; expired documents are not acceptable.

FOR OFFICE USE ONLY:

ID_____ Receipt No _____ Date _____

DeKalb County is committed to ensuring all persons are protected from discrimination per Title VI and ADA.