

# APPLICATION FOR CERTIFIED COPY OF BIRTH RECORDS

CERTIFIED COPY

MONROE COUNTY HEALTH DEPARTMENT

FOR OFFICE USE ONLY

Fee: \$ 15.00

119 West Seventh Street

CERT # \_\_\_\_\_

Bloomington, IN 47404-3989 (812) 349-2543

GENEALOGICAL SEARCH FORM \$ 15.00

## PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

- YOU MUST BE 18 YEARS OF AGE TO OBTAIN A CERTIFIED COPY!!!
- IN-WEDLOCK birth records are issued to the individual named on the record and their parents, guardian (guardianship papers MUST be presented), grandparents, brothers and sisters (21 yrs. Of age), spouse of children.
- IC 16-1-19-6 False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense.
- IC 16-1-19-18 Requires the showing of at least one (1) form of identification to issue a certified copy of a birth record. (IF THE BIRTH RECORD IS REQUESTED BY MAIL, A PHOTO COPY OF THE APPLICANT'S DRIVERS LICENSE IS REQUIRED).
- IC 16-1-18-18 also requires the listing of a telephone number for the applicant (IF APPLICANT DOES NOT HAVE A TELEPHONE, A TELEPHONE NUMBER WHERE THE APPLICANT CAN BE REACHED IS REQUIRED).
- If certificate is to be mailed, PLEASE ENCLOSE A SELF ADDRESSED, STAMPED ENVELOPE.

\*\*NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED

FULL NAME AT BIRTH

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

\_\_\_\_\_ (Last)

Could this birth be recorded under any other name or have been adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give name AFTER \_\_\_\_\_

PLACE OF BIRTH (City) \_\_\_\_\_

(County) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

(If adopted, give name of ADOPTIVE FATHER)

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

(If adopted, give name of ADOPTIVE MOTHER)

PURPOSE FOR WHICH RECORD IS TO BE USED \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS REQUESTED \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_