

Application for Search and/or Certified Copy of Birth Record

EACH CERTIFIED COPY OF BIRTH CERTIFICATE IS \$10.00

EACH REQUESTED GENEALOGY COPY IS \$1.00

WE ACCEPT CASH, CHECK, MONEY ORDER AND CREDIT CARD PAYMENTS IN OFFICE.

ALL ONLINE ORDERS MUST GO THROUGH VITALCHEK.COM.

PUTNAM COUNTY HEALTH DEPARTMENT

1542 S. Bloomington St., Suite 1500
PO Box 507
Greencastle, IN 46135
PH: 765-658-2782 FAX: 765-658-2781
putnamhealthindiana.org.



Public Health
Prevent. Promote. Protect.

Please Complete All Items Below

Full Name on Birth Certificate: _____

Could this birth be recorded under any other name? IF yes, please give name: _____

Date of Birth: _____ Place of Birth: City _____

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 record being requested: _____
(Driver License, Passport, Insurance, Attorney Request, School Record, etc.)

Your relationship to the person whose birth record is requested if other than yourself: _____
(Mother, Father, Biological Grandparent, Sister, Brother, Child/Grandchild, Attorney, Custodial Guardian)

Signature of Applicant: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

APPLICATIONS FOR GENEALOGY RECORDS DO NOT NEED TO BE NOTARIZED. INCLUDE COPY OF YOUR ID.

MAIL – IN – REQUEST

TO BE COMPLETED BY A NOTARY PUBLIC. INCLUDE COPY OF YOUR ID.

ID Used: Valid Drivers License: _____ Valid State ID Card: _____ Valid Passport: _____

Valid Military ID Card: _____ Issued by, _____ with the identification number
(State or Government Agency Issuing the ID)
of _____, with expiration date of _____.
(Identification # Printed on ID)

Date: _____ Signature of Notary Public _____

My Commission Expires on: _____

For Office Use Only

Date Received: _____ Quantity: _____ Book/Page: _____

Local Birth Number: _____ Date Birth Was Filed: _____

Clerk: _____ Birth Certificate Number: _____

Complete all items above and provide identification as required according to IC 16-37-1-7 & 8.

Warning: False application, altering, mutilating, or counterfeiting Indiana birth certificates are all a federal offense under I.C. 16-37-1-12