

CERTIFIED BIRTH RECORD APPLICATION

Union County Health Department
6 West South Street – Suite 2, Liberty, IN 47353
765 458-5393 Fax 765 458-5582

If this is not your record, you must be a member of the immediate family.
Indiana law requires that all applications for certified copies of birth certificates be made in writing.
Please complete this application and return to us with the required fee, a stamped self addressed envelope and the required identification.

IDENTIFICATION REQUIRED (PHOTO COPY OF DRIVER'S LICENSE OR STATE ID)

WARNING: *False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under IC 16-37-1-12*

Full Name at Birth _____

Could This Record Be Recorded Under Another Name? Yes ___ No ___ If Yes, Name Is _____

Has This Person Ever Been Adopted? Yes ___ No ___ If Yes, Give Name After Adoption _____

Date Of Birth _____ Age Last Birthday _____

Place Of Birth – City _____ County _____

Full Name Of Father _____

Full Maiden Name Of Mother _____

Birthplace Of Father _____ Birthplace Of Mother _____

Purpose For Which Record Is Requested _____

Relationship Of Applicant To Person Whose Birth Record Is Requested _____

Signature Of Applicant Printed Name Of Applicant Date of Request

Street City State Zip Phone #

Certified Copies \$15.00 each X Certificates Requested _____ = \$ _____

For Office Use

Volume Page Certificate Number Date Filed Issued By Amount Received ID