

FOR OFFICE USE ONLY

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HENRY COUNTY HEALTH DEPT.
APPLICATION FOR BIRTH CERTIFICATE

No _____

FULL NAME AT BIRTH _____

Could this birth be recorded under any other name? _____ If so, give name _____

Date of Birth _____ Were you born in Henry County? Yes No

Full Name of Father _____

Full Maiden Name of Mother _____

Has this person ever been adopted? _____ If yes, name after adoption _____

Purpose for which record is to be used _____

If this is not your record, how are you related to this person? _____

YOUR SIGNATURE _____ Phone No. _____

ADDRESS _____

WARNING: False application, altering, mutilating,
or counterfeiting Indiana birth certificates is a
criminal offense under I.C. 16-1-19-6.

Total No. of Copies _____ Total fee _____

NOTE: Indiana state law requires that a copy of a photo I.D. be part of all certificate requests by mail. Please
attach a copy to ensure prompt attention to your order. Orders received without photo I.D. will not be fulfilled.