

FOR OFFICE USE ONLY

Book \_\_\_\_\_

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# HENRY COUNTY HEALTH DEPT.

No

## APPLICATION FOR BIRTH CERTIFICATE

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.