Marion County Public Health Department

Application for a Certified Birth Certificate

This form is <u>not needed</u> for in-person purchase at the walk-in office.

MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

<u>WARNING:</u> False applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC 16-37-1-12

1.Full name at birth (person on birth certificate):	2. Age:	3. Gender: ☐ Male ☐ Female	4. Date-of-Birth (MMDYYYY):

5. Place of birth, City:	County: Marion County IN Only MARION	State: INDIANAPOLIS	Hospital:

6. Full name of father:	Father's State of Birth:	7. Full **<u>maiden</u>** name of mother:	Mother's State of Birth:

8. Has this person been adopted? ☐ Yes ☐ No	9. Has name been legally changed? ☐ Yes (Not by marriage) ☐ No	10. If yes, new name:

11. Relationship to the person named on certificate.
Check appropriate box.

- ☐ Self; you are the person named on the record.
- ☐ Grandparent(s) or Great-Grandparent(s) of person named on record. (Include a copy of your child's and/or grandchild's and/or great-grandchild's birth certificate to prove the relationship.)
- ☐ Spouse of person named on the record. (Please include a copy of your marriage license or a copy of the birth certificate for your in-wedlock child to prove the relationship.)
- ☐ Legal Guardian of person named on the record. (Please include original legal guardianship papers with raised court seal.)
- ☐ Sibling, 21 or over, of person named on the record. (Please include a copy of your own birth certificate to prove relationship.)
- ☐ Parent(s) of person named on the record (if parent named on record).
- ☐ Adult child or grandchild or great-grandchild, 21 or older of the person named on the record. (Please include a copy of your own and/or your parent's or grandparent's birth certificate to prove the relationship.)

Acceptable ***Valid*** Identification (**ID**) – ***no expired or temporary ID*:**
A) Current driver's license
B) Current State ID
C) Current Military ID
D) Current Passport or US Passport Card

Type of Certificate	**Quantity**	**Price**	**Total Amount**
Full Size		$15 each	$
Full in Plastic		$17 each	$
Wallet Size		$15 each	$
Wallet in Plastic		$17 each	$
Correction Fee		$15 each	$
Grand Total			**$**

Do ***not*** send cash.
Mail to:
MCPHD/Vital Records
BIRTH MAIL ORDER
3838 N RURAL ST
INDIANAPOLIS IN 46205-2930

Please send my document(s) to the following:

Name _____

Address _____

City/State/Zip _____

12. Purpose for which record is to be used:	13. Telephone number(s) (day time):

I hereby swear or affirm that the above statements are true and correct.

_____
Signature of applicant

*The following section **<u>MUST</u>** be completed by a notary when the person in box 1 above is 1 year of age or older*
If the person in line 1 is <u>less than</u> one year old, you need to only include a copy of your ID (notary not *required).*

<u>YOU MUST HAVE VALID ID FROM ABOVE & HAVE THE BELOW SECTION COMPLETED BY A NOTARY PUBLIC</u>

Subscribed and sworn to before me this _____ day of _____, 20_____ by

_____, who produced the following identification, (check the applicable box.)
(Print name of person requesting Birth Certificate)

☐ Valid driver's license ☐ Valid state ID card ☐ Valid military ID card ☐ Valid passport

Issued by_____, with the identification number of _____ expiring _____.
(State or government agency issuing the ID) (Identification number printed on ID) (Expiration date)

My commission expires: _____, 20____.___ ___ _____
(Signature of Notary Public and Commission Number)