Marion County Public Health Department

Application for a Certified Birth Certificate

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

MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

WARNING: 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 **maiden** 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.)

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	$
Paternity Affidavit Copy		$0.25 each	$
Grand Total			

DO NOT SEND CASH OR THIRD-PARTY CHECKS
Mail personal check or money order to:
MCPHD/Vital Records
BIRTH MAIL ORDERS
3838 N RURAL ST
INDIANAPOLIS IN 46205-2930

ACCEPTABLE IDENTIFICATION
A) Current driver's license
B) Current State ID
C) Current Military ID
D) Current Passport or US Passport Card

Please send my document(s) to the following:
Name _____
Address _____
City/State/Zip _____

Please keep a copy of this application and allow three (3) weeks for delivery

12. Purpose for which record is to be used:	13. Daytime telephone number:

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

_____
Signature of applicant

<u>IF THE PERSON IN LINE 1 IS OLDER THAN ONE YEAR, A NOTARY PUBLIC MUST COMPLETE THE FOLLOWING</u>

If the person in Line 1 is less than one year old, you need to only include a copy of your ID from above list (notary not required).

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)

<u>APPLICATIONS WITHOUT PROPER NOTARIZATION WILL BE REJECTED</u>