

MARION COUNTY PUBLIC HEALTH DEPARTMENT – VITAL RECORDS, IN THE STATE OF INDIANA
MAIL SERVICE APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE (THIS FORM IS NOT FOR OFFICE VISITS)
THIS OFFICE HAS MARION COUNTY, INDIANA RECORDS ONLY

***Keep copy of completed order form for your record. Call 317-221-2401 if you do not receive documents within 3 weeks of order date!



MAIL ORDER INSTRUCTIONS:

- * Please **complete all items** below by printing clearly in black ink.
- * To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights under IC 16-37-1-8.
- * Payment is by check or money order (include copy of ID from below list with any money order payment) and must be made payable to Marion County Public Health Department.
- * **Do not** send cash. **Do not** staple. **This form is not needed for in-person purchase at the walk-in office.**
- * **Mail to: ATT: BIRTH MAIL ORDER, MCPHD/Vital Records, 3838 N RURAL ST, INDIANAPOLIS IN 46205-2930**

WARNING: False application, 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date-of-Birth (MM/DD/YYYY):
5. Place of birth, City:	County: Marion	State: Indiana		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? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Has name been legally changed? <input type="checkbox"/> Yes (Not by marriage) <input type="checkbox"/> No	10. If yes, new name:		

11. Relationship to 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 \$
Full Size		\$15 each	\$
Full in Plastic		\$17 each	\$
Wallet Size		\$15 each	\$
Wallet in Plastic		\$17 each	\$
New Born Correction Fee (21 days to 2 nd birthday)		\$15 each	\$
Amendment Fee (over 2 years old) call 317-221-2397		\$35 each	\$
Grand Total			\$

- 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
 - E) Current Student ID with current year on it (if no date on ID, provide current semester schedule/enrollment papers with dates)
 - F) Current Indiana Department of Correction (DOC) Release ID within six months of release date
 - G) Current foreign government issued ID (MCPHD approved)

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 below section must be completed if the person in Line 1 above is one (1) year of age or older (notary required).

*******READ THIS: If your application is without proper and complete Notary section (below), it will be rejected and returned!*******

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).

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

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
- (See Box 11: E, F, or G): _____

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_____.

NOTARY
SEAL
HERE

(Signature of Notary Public and Commission Number) VRform 3 20200303