BIRTH CERTIFICATE ORDER FORM

LaGrange County Health Department 304 N. Townline Rd. Ste #1 LaGrange, IN 46761 260/499-4182 ext: 5

Website: lagrangecountyhealth.com

HOURS: 7:00 am - 5:30 pm, Monday - Thursday (closed Friday)

WARNINGI False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense.

** Fees revised 03/05/2013

** YOU NEED TO SUPPLY THE FOLLOWING:

- *1. <u>FEE</u>: \$15.00 PER BIRTH CERTIFICATE, which includes (1) Large Certificate and (1) Wallet-size Certificate. If you are from out of the county, send cashier check or money order. ***NO DEBIT OR CREDIT CARDS
- *2. <u>I.D.</u>: A COPY OF 1 FORM of ID for the person who signs on Line # 9.

 ** DO NOT SEND ORGINIALS You may use a copy of your Driver's License, Buggy License, Non-Photo ID's, Pay Check Stub, Fishing-Hunting License.
- *3. A 9 X 4, (self-addressed, stamped envelope) (FOR MAIL-IN ONLY)

| NUMBER OF CERTIFICATES REQU | ESTED: AMOUNT ENCI | |
|--|---|---|
| 1. Full name at birth: | | Sex: M or F |
| **Has this person ever had a name change by YES NO | y court action? (Example: Adoption, Cou NAME IS: | |
| 2. Date of Birth: | Age at | last Birthday: |
| 3. Place of Birth: COUNTY | Is thi | s person Deceased: Yes or No Year of Death: (if known) |
| 4. Father's Full Name: | | |
| 5. Mother's Full Maiden Name: | | |
| 6. Was Mother married to Fathe | er at the time of Birth? | |
| 7. Birth Place of Father:(Stat | Mother: e) | (State) |
| 8. Who is Birth Certificate for?: Y | ourself, Your Spouse, Your Child | , or Other |
| 9. Signature: | | |
| 10. Address: | City: | State: Zip: |
| Phone: | Today's Date: | |
| HEALTH DEPT. USE ONLY: BIRTH CERT. NO: | DATE RECEIVED: NO RECORD FOUND: | |