



APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

THIS OFFICE HAS LAWRENCE COUNTY BIRTHS ONLY

MUST BE NOTARIZED

INSTRUCTIONS:

- Please complete all items below, printing clearly in black ink
- **Money orders or Cashier checks** must be made payable to:
Lawrence County Health Department
2419 Mitchell Road
Mitchell, Indiana 47421 **(We do not accept personal checks)**
- **Sign before a notary.** Notary portion must be complete for mail-in request.
- With application include a **self-addressed, stamped envelope.**

Warning: False applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal Offense under IC 16-37-1-12

Lawrence County
Health Dept.
812-275-3234
Ext. 2610 or 2612

1. Full name at birth		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date of Birth
5. Place of birth: City	County:	State:	Hospital:	
6. Full Name of Father:		Father's State of birth:	7. Full Maiden name of mother	
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		If yes, New name:
10. Relationship to person named on certificate: (Check appropriate box)				
<input type="checkbox"/> Person named on record.		<input type="checkbox"/> Parent(s) of person named on the record		
<input type="checkbox"/> Grandparent(s) of person named on the record. (Include a photocopy of your child's birth certificate to prove relationship)		<input type="checkbox"/> Sibling, 18 or older, of person on the record, (Include a photocopy of your own birth certificate to prove relationship)(Person whose record is being requested must also be 18 or older)		
<input type="checkbox"/> Legal Guardian of person named on the record (Include original legal guardianship papers with raised court seal)		<input type="checkbox"/> Adult child of the person named on the record. (Include a photocopy of your own birth certificate to prove relationship)		
<input type="checkbox"/> Other. (Include "Permission To Release Birth Certificate" form signed by person named on record with ID; form is found on this website)				
11. Purpose for which record is to be used (will be contacted or returned if this box is left blank or listed as personal reason or personal use) (Ins., ID, travel, job, etc.)**			12. E-mail address:	

Type of Certificate	Quantity	Price	Total Amount	
8 1/2 X 4 1/4 birth certificate		\$10.00 each	\$	Name: _____
Correction fee		\$20.00	\$	
Genealogy sheet (not a legal document)		\$5.00 each	\$	Address: _____
Genealogy search fee (1 name/5 years)		\$5.00 each	\$	
Total Fees			\$	City/State/Zip: _____
				Telephone number: _____

**To obtain a certified copy of birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8

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

_____ (Signature of applicant)

TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20____ by _____,
(Printed name of person requesting birth certificate)

who produced the following Identification: Valid Drivers License Valid State ID Card Valid Passport Valid Military ID,
(check one), issued by _____, with the ID number of _____ expiring _____.

My commission expires _____, 20____. _____
(Signature of Notary Public)

If notary portion is not completed, and you are making request by mail, it will be returned for completion.