

LAWRENCE COUNTY BIRTH CERTIFICATE APPLICATION

When mailing application, be sure it is **completely filled out** and notarized, and **include payment** (\$10 each by money order or cashier's check – NO personal checks), **copy of ID**, and **self-addressed, stamped envelope** to:

Lawrence County Health Department
2419 Mitchell Road
Bedford, Indiana 47421

For more information, contact the Vital Records Registrar at 812-275-3234, ext. 2610 or 2612.
Up to 5 copies of a birth certificate can be issued per request, per day.

Identification is required per IC 16-37-1-7.

Warning: False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense, IC 16-37-1-12.

Record of Birth

12/4/2020

Full name at birth		Age	Date of Birth	
		Sex		
Place of birth (If residence, give address)				
Full Name of parent (include maiden name)		Parent's State of birth:	Full name of parent (include maiden name)	
			Parent's state of birth:	
Has person been Adopted?	Has name been legally changed?		If yes, New name:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (not by marriage) <input type="checkbox"/> No			

Applicant's Personal Information

Your printed name (name of person applying and providing ID for record to be issued):		Date:
Signature:		
Purpose for which the record will be used: (ex. Driver's License, School/Daycare, Medical/Ins, Estate Settlement, Passport, Sports, ID)		# of copies ordered:
Address (number and street, city, state, and zip code)		Daytime phone number:
		Email:
10. Relationship of applicant to person named on certificate: (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> Person named on record <input type="checkbox"/> Parent(s) of person named on the record <input type="checkbox"/> Grandparent of person named on the record (Include a photocopy of your child's birth certificate to prove relationship or date of birth if Law Co birth) <input type="checkbox"/> Sibling, 18 or older, of person on the record, (Include a copy of your own birth certificate to prove relationship or date of birth if Law Co. birth) <input type="checkbox"/> Adult child of the person named on the record. (Include photocopy of your own birth certificate to prove relationship or date of birth if Law Co birth) <input type="checkbox"/> Legal Guardian of person named on the record (Include original legal guardianship papers with raised court seal) <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). 		

Affidavit of Person Requesting Record of Birth (below is signed in front of notary & notarized)

After having been duly sworn, I declare that I have requested the above record or birth and have submitted the evidence listed and further, that I have reviewed the above information and find the same in all respects true and correct.	
Signature:	Relationship (Self, Parent if under 18):
Address (number and street, city, state, and zip code)	
Identification presented: ___ Valid Driver's License, ___ Valid State ID Card, ___ Valid Passport, ___ Valid Military ID, (check one) issued by _____, with the ID number of _____ expiring _____.	
State of: _____	
Subscribed and sworn to before me on (month, day, year) _____	
County of: _____	
My commission expires (month, day, year):	Signature of notary public:

THE SPACE BELOW WILL BE COMPLETED BY THE LAWRENCE COUNTY HEALTH DEPARTMENT

Number of certified birth certificates requested @ \$10 ea.:		Date Received:	Date Mailed:
Form of payment:		Issued by:	
SASE	Notes:		