## **Certified Birth Certificate Request Form**

## \$15 CASH, CREDIT/DEBIT CARD, MONEY ORDER (NO PERSONAL CHECKS) **ID CANNOT BE EXPIRED**

Cass County Health Department

Vital Records 574.753.7761

1616 Smith Street			
Logansport, IN. 46947	,		
Full Name at Birth			
r dii Name at Birtii	First	Middle	Last
Date of Birth:		County of Birth: Cass	
Father's Name:			
Mother's Maiden Nam	e:		
Mother's Name at Chi			
Father's Birth State: _		Mother's Birth	State:
Requestor's Relations	hip to Individual	on Certificate:	
•	•	•	ENT, LEGAL GUARDIAN, cumentation and proof of
Requestor's Name:			
Address:			
Phone #:			
Signature:			
# Requested	Total Fee:	Cert. # _	<del></del>
Receipt #:	Requested Da	te:	
Verified By: Driver's lice	ense Passport	t Consulate (	Other:
Identification #:		Ехр:	Initials:

Requests must include ALL of the following in order to be processed. Any requests lacking proper documentations will be returned to sender.

- 1. Completed Birth Certificate Form
- 2. One form of Primary Identification is needed for certified copies.
- 3. Self-Addressed and Stamped Envelope, only if requesting by mail.
- Must be current and valid:
- State issued driver's license
- State issued Identification card
- Military ID or Veteran's ID
- Valid Passport, in English or with English Subheadings must be part of Passport
- Valid Immigration Card issued by the Consulate from the Country of Birth

If individual does not have any of the above primary documentation, please call for more information. 574.753.7761

Mail requests usually take an average 1-2 days to process.

For expedited shipping, you may choose to send your requests in a priority envelope from USPS and include a priority envelope for return.

WARNING: FALSE APPLICATION, ALTERING, MUTILTING OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER 1C-16-1-19-6