

**BIRTH CERTIFICATE APPLICATION**

**WARNING:** False application, altering, mutilating or counterfeiting an Indiana Birth Certificate is a criminal offense under I.C. 16-1-19-6.

**NO BIRTH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION**

**CASH, CHECK or MONEY ORDER** (made out to Carroll County Treasurer) for **$15.00** per certified Birth Certificate. For Genealogy purposes only the cost is **$2.50.**

***You must have a signed form of identification. If submitting by mail, you must send a photocopy of your Driver’s License.***

**FULL NAME AT BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle (***LAST NAME AT BIRTH*)**

**DATE OF BIRTH:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **AGE:** \_\_\_\_\_\_\_ **BORN IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last State

**MOTHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_\_\_\_\_\_\_\_

 First Middle (**MAIDEN)** State

**PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:**

\_\_\_\_ ID \_\_\_\_ Passport \_\_\_\_ Job \_\_\_\_ School \_\_\_\_ Personal Records \_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified Birth Certificates are issued to the individual named above (if over 18), their parents, grandparents, siblings, spouse, children or guardian.

**TODAY’S DATE:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **CONTACT TELEPHONE NUMBER:** (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP TO ABOVE PERSON:**

**Self: \_\_\_\_ Spouse: \_\_\_\_ Parent: \_\_\_\_ Grandparent: \_\_\_\_ Brother/Sister: \_\_\_\_ Son/Daughter: \_\_\_\_ Sibling: \_\_\_\_**

**Aunt/Uncle: \_\_\_\_ Adult Niece/Nephew: \_\_\_\_** OR

**Assigned Funeral Home/Director** (must provide explanation of direct interest on letterhead)**: \_\_\_\_**

**Legal Interest** (Must provide proof of legal relationship, i.e. contract, agreements, titles, court order)**: \_\_\_\_**

**Genealogy** – Individual named on the certificate must be over 75 years old**: \_\_\_\_**

**PRINT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

***OFFICE USE ONLY:***

DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER FORM OF ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS ON LICENSE: \_\_\_\_\_\_ Same \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dr. Samuel Anderson-Been*

*Carroll County Health Officer*