



Decatur County Health Department
315 S. Ireland St.
Greensburg IN, 47240

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APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

WARNING: False application to obtain or inspect, altering, mutilating, or counterfeiting Indiana Birth Certificates, or the use of such a certificate is a criminal offense under IC16-31-1-12.

IDENTIFICATION IS REQUIRED ACCORDING TO IC16-37-1-7

ONE OF THE FOLLOWING DOCUMENTS REQUIRED - MUST BE CURRENT AND VALID

- Driver's License (Front/Back)
- State I.D. Card
- Dept of Corrections I.D., issued within the past 6 (six) months
- School I.D. with signature & photo
- Court Order
- Military I.D.
- Valid Passport

ALL THE ITEMS BELOW MUST BE COMPLETED

TODAY'S DATE _____

FULL NAME AT BIRTH _____

DATE OF BIRTH _____

COULD THIS BIRTH BE RECORDED UNDER ANY NAME? IF YES, PLEASE GIVE NAME

HAS THIS PERSON BEEN ADOPTED? _____ YES _____ NO

IF SO, GIVE NAME AFTER ADOPTION _____

FULL NAME OF FATHER (If adopted, give name of adopted father)

FULL NAME OF MOTHER INCLUDING MAIDEN NAME (If adopted, give name of adopted mother)

YOUR RELATIONSHIP TO INDIVIDUAL NAMED ON REQUESTED CERTIFICATE

PURPOSE FOR WHICH RECORD IS TO BE USED _____

NUMBER OF COPIES REQUESTED _____ \$25/COPY-CASH, MONEY ORDER, OR
NUMBER OF WALLET SIZE REQUESTED _____ CREDIT CARD. ADDITIONAL COPIES ARE
\$10

SIGNATURE OF APPLICANT _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP CODE _____

TELEPHONE NO. _____

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