

**ORANGE COUNTY HEALTH DEPARTMENT**

205 EAST MAIN STREET, STE. 9

PAOLI, IN47454

812-723-7112

REQUEST FOR **BIRTH RECORD** INFORMATION

**WARNING:** False application, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense under I.C. 37-1-19-6

Please read this application thoroughly and **COMPLETE ALL ITEMS.** State Law also requires an application to provide a telephone number and at least one (1) form of identification.

**NO PERSONAL CHECKS**

1. Full name at birth: \_\_\_\_\_
2. Has this person been adopted? \_\_\_\_\_
3. Has Name been changed? Yes \_\_\_ No \_\_\_ New Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_
5. Father's Full Name \_\_\_\_\_
6. Mother's name at time of this birth \_\_\_\_\_
  - a. Mother's Maiden name \_\_\_\_\_
  - b. Was mother married to father at time of this birth \_\_\_\_\_
7. Birthplace of father (state only) \_\_\_\_\_ Birthplace of mother (state only) \_\_\_\_\_
8. Your relationship to person whose birth record you are requesting: \_\_\_\_\_
9. Purpose for which record is to be used \_\_\_\_\_

Your name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR LOCAL OFFICE USE**

# _____	Date _____
Local# _____	Page# _____
Book# _____	Cost \$ _____
Receipt# _____	

Identification
Type _____
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Expires _____