



ADAMS COUNTY HEALTH DEPARTMENT

Application for Certified Birth Certificate
 313 W. JEFFERSON STREET/ROOM 314; DECATUR, INDIANA 46733
 Phone (260) 724-5326 - FAX (260) 724-5328
<http://www.adams-county.com>

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (See requirements and acceptable documentation on back). Requests for birth certificates without proper identification will be returned to the requestor without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a)

1. FULL name at birth (of person whose birth certificate you want): _____ <small>First Middle Last</small>			2. Date of birth (of person in Box 1): _____		
3. Has this person been adopted? YES <input type="checkbox"/> NO <input type="checkbox"/>		4. New name after adoption: _____ <small>First Middle Last</small>			
5. Full Name of Parent 1/Father : _____ <small>First Middle Last</small>			6. Full MAIDEN name of Parent 2/Mother: _____ <small>First Middle Last</small>		
7. Birthplace of Parent 1 (state): _____			8. Birthplace of Parent 2 (state): _____		
9. Are you the person in Box 1? YES <input type="checkbox"/> NO <input type="checkbox"/>			10. If not, what is your relationship to that person ? _____		
11. Purpose for which record is to be used: School Insurance Travel Employment Sports Social Security License/Permit/ID Public Assistance Newborn Other (specify) _____			12. Print <u>your</u> current name _____		
13. Your phone number _____			14. Your signature _____		
15. Your street address _____			16. Your city, state, zip _____		
<small>** If the ID address is different than the mail in address, proof is required....pay stub, utility bill, lease agreement, mortgage etc.</small>					
Standard Birth Certificate - \$15.00 _____			E-mail address: _____		
Wallet Birth Certificate - \$15.00 _____					
Combo - 1 standard and 1 wallet - \$25.00 _____					

If ordering by mail, please include: Picture ID of person requesting this record
 A stamped, self addressed envelope \$15.00 for each certificate or \$25.00 for combo

For office use only:

B.C. #	Book:	Page	File Date
Completed By:	Date:	ID#	State: Expires:
Standard Certificate #		Wallet Certificate # Rcpt#	

ADAMS COUNTY HEALTH DEPARTMENT

Attn: Theresa Nelson, Registrar
313 W. JEFFERSON ST. ROOM 314
DECATUR, INDIANA 46733-1660
Phone Number (260) 724-5326
Fax Number (260) 724-5328

HOW TO APPLY BY MAIL:

Please read all instructions before completing application and returning. All 3 items must be met in order to issue the certified copy. Should you have any questions please call the number listed on the application.

1. Complete application. **Omissions could cause delay.** Applicants must be 18 years of age.
2. Send photo copy of Identification, such as:
 - Valid Driver's License
 - Military I.D.
 - State I.D. Card
 - Valid Passport
 - Department of Correction I.D., issued within past 6 months
 - School I.D. with signature and/or photo for current school year
 - Court Order (must order LHD to release record to person named on the record)

**** If the ID address is different than the mail in address, proof is required....pay stub, utility bill, lease agreement, mortgage etc.**

If **none** of the above are available, we will accept **two** of the following documents; all must be current and valid

- Club membership with signature or photo
- Copies of signed employment application
- Employment I.D. with signature, photo, date of employment or employer address
- Expired Driver's License
- Form 4029 - Application for Exemption from Tax on Self-Employment Income
- Gun/Hunting/Fishing Permit with signature
- Letter from BMV or Social Security Administration that shows individuals name and DOB
- Library Card with signature
- Marriage application issued by Clerk of Court with signatures
- Previous year's tax return with signature and Social Security Number
- Probation documents or statement from Probation Officer on letterhead, including person's name and date of birth.
- Signed leases or loan agreement
- Signed Social Security Card
- Vehicle Registration with signature
- Voter Registration card with signature
- Welfare, Food Stamp or WIC I.D. cards

NOTE: In the event your identification has been lost due to theft or fire we will accept a police or fire report
A person who has no form of I.D. should have an immediate family member to apply.
(Immediate family includes parent, grandparent, sibling, and child). Family members must be 18 years of age, have proof of relationship and personal identification.

3. Return application, identification, payment (cash or check) and self-addressed envelope to above address will be processed same day as received providing there are no omissions and or errors.

CASE MANAGERS and or ATTORNEY'S: Provide professional and personal I.D. as well as Release of Information Form from client.

TO EXPEDITE THIS REQUEST: Return all of the above by priority or overnight mail. Return envelopes of the same should be enclosed with the application and payment. ALL OVERNIGHT OR EXPRESS CHARGES ARE THE APPLICANTS RESPONSIBILITY.