



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
www.co.adams.in.us

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 (<i>specify</i>) _____		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: _____	

****NOTE - WE ARE NOT RESPONSIBLE FOR ITEMS THAT ARE REQUESTED VIA USPS MAIL SERVICES.**
You accept the risk associated with a lost application or certificate when requesting via mail.**

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

For office use only:

B.C. #	Book:	Page	File Date
Completed By:	Date:	ID#	State: Expires:
Standard 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**) & self-addressed envelope to above address. Request will be processed same day as received providing there are no omissions/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.