

LAGRANGE COUNTY HEALTH DEPARTMENT  
304 N. Townline Rd. Ste #1  
LaGrange, IN 46761-1319  
(260) 499-4182 extension 221  
Website: [www.lagrangecountyhealth.org](http://www.lagrangecountyhealth.org)

**WARNING!!** False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense.  
\*\* Fees revised 05/02/2005

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**\*\* YOU NEED TO SUPPLY THE FOLLOWING:**

- \*1. **FEE:** \$15.00 PER BIRTH CERTIFICATE, which includes (1) Large Certificate and (1) Wallet-size Certificate. If you are from out of the county, send cashier check or money order.  
\*\*\*NO DEBIT OR CREDIT CARDS
- \*2. **I.D.:** A COPY OF 1 FORM of ID for the person who signs on Line # 9.  
\*\* DO NOT SEND ORGINIALS \*\*Drivers License, Buggy License, Non-Photo ID's may be used.
- \*3. **A self addressed, stamped envelope.**

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NUMBER OF CERTIFICATES REQUESTED: \_\_\_\_\_ AMOUNT ENCLOSED:\$ \_\_\_\_\_

1. Full name at birth: \_\_\_\_\_ Sex: M\_\_ & F\_\_

\*\*Has this person ever had a name change by court action? (Example: Adoption, Court Ordered Name Change, Paternity)  
YES \_\_\_\_\_ NO \_\_\_\_\_ NAME NOW: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Age at last Birthday: \_\_\_\_\_

3. Place of Birth: \_\_\_\_\_ COUNTY STATE Is this person Deceased: Yes or No  
Year of Death: \_\_\_\_\_ (if known)

4. Father's Full Name: \_\_\_\_\_

5. Mother's Full Maiden Name: \_\_\_\_\_

6. Was Mother married to Father at the time of Birth? \_\_\_\_\_

7. Birth Place of Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
(State) (State)

8. Is this person: Yourself, Your Spouse, Your Child, or Other \_\_\_\_\_

9. Signature: \_\_\_\_\_

10. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

HEALTH DEPT. USE ONLY:

BIRTH CERT. NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

NO RECORD FOUND: \_\_\_\_\_