LAGRANGE COUNTY HEALTH DEPT.
304 N. Townline Rd. Ste #1
LaGrange, IN 46761
260/499-4182 ext: 221

WARNING! False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under I.C. 16-37-1-12
** Fees revised 05/02/2005

** 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.

*2. I.D.: A COPY OF 1 FORM of ID for the person who signs on Line #10.
** DO NOT SEND ORGINIALS **** CAN NOT USE SOCIAL SECURITY CARDS AS I.D.

*3. A self addressed, stamped envelope.

NUMBER OF CERTIFICATES REQUESTED: _____ AMOUNT ENCLOSED:$ _____

1. Full name at birth: _____
Was this person Adopted _____ Adopted Name _____

2. Date of Birth: _____Age at last Birthday: _____

3. Place of Birth: _____Is this person Deceased: YES OR NO
COUNTY STATE

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. Reason for needing a birth certificate: _____

9. Is this person: Yourself, Your Spouse, Your Child, or Other _____

10. Signature: _____

11. Address:_____City:_____State: ____ Zip: _____

Phone:_____ Today's Date: _____

HEALTH DEPT. USE ONLY: DATE RECEIVED: _____
BIRTH CERT. NO: _____ NO RECORD FOUND: _____

Birthfor.doc