

APPLICATION FOR CERTIFIED RECORD OF BIRTH

WARNING: False application, altering, mutilating or counterfeiting, Indiana Birth Certificates is a Criminal Offense under I.C.16-1-19-G and I.C.16-1-15-4.

Photo identification is required to obtain a Birth Certificate.

Mail application, payment of (\$10.00) and identification to:

Dubois County Health Dept.
1187 S. Saint Charles St.
Jasper IN 47546
(812) 481-7050 Ext. 0

COMPLETE ALL ITEMS BELOW:

FULL NAME AT BIRTH: _____
(OR ADOPTED NAME, or legal name change)

DATE OF BIRTH: _____

PLACE OF BIRTH, CITY: _____ COUNTY: _____

FATHER'S FULL NAME: _____

BIRTHPLACE OF FATHER: (STATE ONLY) _____

MOTHER'S FULL MAIDEN NAME: _____

BIRTHPLACE OF MOTHER: (STATE ONLY) _____

YOUR SIGNATURE: _____

RELATIONSHIP TO PERSON WHOSE
BIRTH RECORD IS BEING REQUESTED: _____

YOUR MAILING ADDRESS: _____

CITY/STATE/ZIP CODE _____

PHONE: _____

TODAY'S DATE: ____/____/____