# CERTIFIED BIRTH RECORD APPLICATION

**Union County Health Department**
**6 West South Street – Suite 2, Liberty, IN 47353**
**765 458-5393 Fax 765 458-5582**

**If this is not your record, you must be a member of the immediate family.**
**Indiana law requires that all applications for certified copies of birth certificates be made in writing. Please complete this application and return to us with the required fee, a stamped self addressed envelope and the required identification.**

**IDENTIFICATION REQUIRED (PHOTO COPY OF DRIVER'S LICENSE OR STATE ID)**

**WARNING:** ***False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under IC 16-37-1-12***

**Full Name at Birth** _____

**Could This Record Be Recorded Under Another Name? Yes ___ No ___ If Yes, Name Is** _____

**Has This Person Ever Been Adopted? Yes ___ No ___ If Yes, Give Name After Adoption** _____

**Date Of Birth** _____ **Age Last Birthday** _____

**Place Of Birth – City** _____ **County** _____

**Full Name Of Father** _____

**Full Maiden Name Of Mother** _____

**Birthplace Of Father** _____ **Birthplace Of Mother** _____

**Purpose For Which Record Is Requested** _____

**Relationship Of Applicant To Person Whose Birth Record Is Requested** _____

| _____ | _____ | _____ |
|---|---|---|
| **Signature Of Applicant** | **Printed Name Of Applicant** | **Date of Request** |

| _____ | | | _____ |
|---|---|---|---|
| **Street** | **City** | **State** | **Zip** | **Phone #** |

**Certified Copies $5.00 each X Certificates Requested _____ = $_____**
**Genealogy Copies $2.00 each X Certificates Requested _____ = $_____**

**For Office Use**

| Volume | Page | Certificate Number | Date Filed | Issued By | Amount Receipted | ID |
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