

**APPLICATION FOR
SEARCH AND CERTIFIED COPY OF BIRTH CERTIFICATE**



WARNING: False application, altering, mutilating, or counterfeiting INDIANA Birth Certificates is a criminal offense under I.C. 16-1-19-6. ALL RECORDS BEGIN IN THE YEAR 1882.

FULL NAME AT BIRTH: _____

Could this birth be recorded under any other name?

If yes, please give name: _____

DATE OF BIRTH: _____ AGE TODAY: _____

PLACE OF BIRTH: City/County _____

FULL NAME OF FATHER: _____
(if adopted, please give adoptive father's name)

FULL NAME OF MOTHER: _____ Maiden: _____
(if adopted, please give adoptive mother's name)

PURPOSE FOR WHICH B/C NEEDED: ID _____; Driver's License: _____; Insurance: _____;

School: _____; Retirement _____; Other: (Please specify) _____

YOUR RELATIONSHIP TO APPLICANT: _____

FEES: \$10.00 each copy of Standard birth certificate

TOTAL CERTIFICATES REQUESTED: _____ TOTAL FEE: \$ _____

ONLY CHECKS WRITTEN ON LOCAL SCOTT COUNTY BANKS ACCEPTED!

YOUR SIGNATURE: (Person requesting certificate) _____

MAILING ADDRESS (REQUIRED): _____

CITY, STATE, ZIP: _____ PHONE: _____

Public Law 94-1988 requires that ALL APPLICANTS for birth certificates show at least one (1) form of valid identification before certificate can be issued. MAIL REQUESTS: Please include Xerox copy of driver's license or valid signature ID when mailing request. Please enclose self-addressed, stamped envelope. NO FAXED REQUESTS CAN BE HONORED BY RETURN FAX!

FOR OFFICIAL USE ONLY

| |
|---------------------|
| ID: _____ |
| EXPIRES: _____ |
| TODAY'S DATE: _____ |

SCOTT COUNTY HEALTH DEPARTMENT
1296 North Gardner Street
Scottsburg, IN 47170
812-752-8455 FAX: 812-752-6023

| |
|-------------------------|
| Volume: _____ Pg: _____ |
| Filed: _____ |
| Date Issued: _____ |
| CERTIFICATE #: _____ |
| RECEIPT #: _____ |
| CHECK #: _____ |
| M/O: _____ CASH: _____ |