

Whitley County Application for a Certified Birth Certificate

This office has Whitley County Records Only

WARNING: False applications, Altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offence under IC 16-37-1-12

INSTRUCTIONS:

- Please complete all items below by printing clearly.
- To obtain a certified copy of a birth record you must show you have direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8

Mail Copy of Valid State/Federal Photo ID, Self-Addressed Stamped Envelope, Fee & Application to:

Whitley County Health Department, 220 W. Van Buren Street - Suite 106, Columbia City, IN 46725

\$10.00 FEE IS PAYABLE BY: CASH OR MONEY ORDER

Money orders are to be made out to the Whitley County Health Department. * NOT RESPONSIBLE FOR CASH SENT IN MAIL

1. Full Name at Birth:		2. Date of Birth:	
3. Place of Birth:		4. County:	
4. Full Name of Father:		5. Full Name of Mother <u>before</u> marriage:	
6. Has this person been adopted? Yes ____ No ____	7. Has name been legally changed? Yes ____ NO ____	8. If yes, New Name:	
9. Relationship to person named on certificate: (check only one box) <input type="checkbox"/> Person named on record and over 18 <input type="checkbox"/> Parent (s) of person named on record <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse of person named on the record (Please include copy of your marriage license to prove relationship) <input type="checkbox"/> Legal Guardian of person named on the record. (Please include original legal guardianship papers with raised seal) <input type="checkbox"/> Sibling over 21, of person named on the records. (Please include a photocopy of your own birth cert. to prove relationship if you were not born in Whitley County.) <input type="checkbox"/> Adult Child of the person named on the records. (Please include a photocopy of your own birth certificate to prove relationship if you were not born in Whitley County.)			
10. Purpose for which record is to be used: (Please Circle): School Enrollment Insurance Travel Employment Social security License/Permit Public Assistance Personal Use Retirement/Pension Marriage License			

Applicant Information (person applying for this certificate) Driver's License # _____

Name: _____

Address: _____ Phone Number: _____

I hereby swear and affirm the above statements are true and correct.

Signature of Applicant _____ Date: _____

Issued By:

