

# Application for Certified Birth Certificate

(Birth Records filed in this office begin 1882)

Posey County Health Department  
126 E Third Street, Room 20  
Mt Vernon, IN 47620  
Phone: 812-838-1328



**Public Health**  
Prevent. Promote. Protect.

## IDENTIFICATION REQUIRED

(Copy of valid Driver's License, valid Military ID, Passport)

In accordance with Indiana Code 16-37-1-8, the following information is required to inspect or to obtain a certified copy of any vital record. You must show that you have a direct interest in the record and need the record to determine personal or property rights.

### PLEASE READ CAREFULLY. COMPLETE ALL ITEMS BELOW – PRINT CLEARLY.

Number of Certificates Requested \_\_\_\_\_ @ \$10 each

Today's Date \_\_\_\_\_

Full Name at Birth: First Middle Last

Date of Birth: Month Day Year

Place of Birth: City County

Full maiden name of mother: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Has this person ever been adopted? \_\_\_\_\_ Has this person ever had a legal name change? \_\_\_\_\_

If yes, provide the new name \_\_\_\_\_

Please indicate in the blanks how you are related to the person on the birth certificate. (Proof of relationship is required IF you are requesting a certificate other than your own)

\_\_\_\_ Individual named on the record, over 18  
(Under 18 must have letter from parent and copy of parents ID)

\_\_\_\_ Spouse of person named on the record  
(Proof of relationship, marriage license)

\_\_\_\_ Mother/Father of person on the record.  
(YOU must be named on the record.)

\_\_\_\_ Legal Guardian of person named on the record with proof  
(Current guardianship paper with raised court seal)

\_\_\_\_ Brother/Sister over 18 with proof of relationship  
(Copy of your birth certificate with one parent in common)

\_\_\_\_ Adult child of person named on the record with proof of  
relationship (YOUR birth certificate)

\_\_\_\_ Aunt/Uncle of person named on the record with ID and  
copy of birth certificate of the parent and self

\_\_\_\_ Stepparent of person named on the record with ID and  
copy of valid marriage certificate and signed authorization  
including ID from legal parent

\_\_\_\_ Grandparent of person named on record with proof  
Of relationship (your child's birth record)

Purpose for birth certificate: \_\_\_\_\_

Your Signature \_\_\_\_\_

Your Address City State Zip Code

Your Telephone Number \_\_\_\_\_