

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 _____ @ \$15 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 _____