APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

WARNING: FALSE APPLICATION, ALTERING, MUTILATING,
OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE
IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12

*****VALID PHOTO I.D. REQUIRED*****

COST: $10.00 EACH – CASH/MONEY ORDER ONLY – NO CHECKS ACCEPTED

The person for whom you are requesting a birth certificate must have been BORN IN STEUBEN COUNTY to be
on file in this department. Please complete the following information for that person:

FULL NAME (AT BIRTH):
    First                      Middle                      Last

DATE OF BIRTH: ___________________    CURRENT AGE: ___________

FULL NAME OF FATHER:
    First                      Middle                      Last
    BIRTH STATE:_____________

FULL MAIDEN NAME OF MOTHER:
    First                      Middle                      Last
    BIRTH STATE:_____________

APPLICANT INFORMATION:

RELATION TO THE PERSON (i.e. SELF, MOTHER, FATHER):

REASON FOR REQUESTING THIS RECORD:

SIGNATURE: ______________________    DATE: ___________

ADDRESS: ________________________    ___________    ___________    ___________
    Street                      City                      State    Zip Code

TELEPHONE NUMBER: ________________    # OF COPIES REQUESTED: __________

**FOR REQUESTS THROUGH THE MAIL: YOU MUST ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE**

HEALTH DEPARTMENT USE ONLY

VALID PHOTO I.D. INFORMATION: ______________________    DATE: ___________

PROCESSED BY: ______________________    DATE: ___________