

**Application for Search and/or Certified Copy of Birth Record**

**EACH CERTIFIED COPY OF BIRTH CERTIFICATE IS \$10.00**

**EACH REQUESTED GENEALOGY COPY IS \$3.00**

WE ACCEPT CASH, CHECK, MONEY ORDER AND CREDIT CARD PAYMENTS IN OFFICE.

**ALL ONLINE ORDERS MUST GO THROUGH VITALCHEK.COM.**

**PUTNAM COUNTY HEALTH DEPARTMENT**

1542 S. Bloomington St., Suite 1500  
PO Box 507  
Greencastle, IN 46135  
PH: 765-301-7660 FAX: 765-301-7665  
putnamhealthindiana.org.



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

**Please Complete All Items Below**

Full Name on Birth Certificate: \_\_\_\_\_

Could this birth be recorded under any other name? IF yes, please give name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Purpose for record being requested: \_\_\_\_\_  
(Driver License, Passport, Insurance, Attorney Request, School Record, etc.)

Full Name of Father: \_\_\_\_\_  
(if adopted, give name of adoptive father)

Full **Maiden** Name of Mother: \_\_\_\_\_  
(if adopted, give name of adoptive mother)

**Your** relationship to the person whose birth record is requested if other than yourself: \_\_\_\_\_  
(Mother, Father, Biological Grandparent, Sister, Brother, Child/Grandchild, Attorney, Custodial Guardian)

Signature of Applicant: \_\_\_\_\_ Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

State Issued ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

~~APPLICATIONS FOR GENEALOGY RECORDS DO NOT NEED TO BE NOTARIZED.  
CERTIFIED COPY MAIL IN REQUEST  
TO BE COMPLETED BY A NOTARY PUBLIC.~~

~~ID Used: Valid Drivers License OR Valid State ID Card OR Valid Passport OR Valid Military ID Card  
(Circle ID Type Used for Identification)~~

~~Issued by, \_\_\_\_\_ with the identification number of \_\_\_\_\_  
(State or Government Agency Issuing the ID) (Identification # Printed on ID)~~

~~with expiration date of \_\_\_\_\_ Date: \_\_\_\_\_~~

**NOTARY IS NOT REQUIRED AT  
THIS TIME**

~~Signature of Notary Public \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_~~

**March 2, 2020 thru May 29, 2020**

For Office Use Only	
Date Received: _____	Quantity: _____ Birth Certificate Number: _____
Clerk: _____	Receipt Number: _____

07/2018