



Public Health
Prevent. Promote. Protect.

Putnam County Health Department

1542 S. Bloomington Street, Suite 1500

P.O. Box 507

Greencastle, IN 46135

Phone: (765) 301-7660 Fax: (765)301-7665

www.putnamhealthindiana.org

CERTIFICATE OF BIRTH APPLICATION

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: _____

MAIL-IN REQUESTS:

Birth Certificate applications by mail **must be notarized**. Applications for GENEALOGY records do not need to be notarized

TO BE COMPLETED BY A NOTARY PUBLIC.

ID Used: Valid Driver's 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: _____

Signature of Notary Public _____ My Commission Expires on: _____

For Office Use Only

Date Received: _____ Quantity: _____ Birth Certificate Number: _____

Clerk: _____ Receipt Number: _____

07/2021

Complete all items above and provide identification as required according to IC 16-37-1-7 & 8.

Warning: False application, altering, mutilating, or counterfeiting Indiana birth certificates are all a federal offense under I.C. 16-37-1-12