

Monroe County Health Department Request for a Birth Record

Certified Copy \$16.00 • Genealogy Copy \$15 • Paternity Affidavit Copy \$10.00

Full Name at Birth (name on certificate):

First	,	Middle				Last			
Date of Birth:	/	Day `	Voar	_					
Parent 1 Full Name (name a	s well):					
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First	First Mid			Last					
Parent 2 Full Name:									
First	First Mid						Last		
Reason Record is Ne	eded (travel, housi	ing, personal, e	tc.):						
Relationship to Perso	on Named on Certi	ficate. Please C	heck Ap	propriate	Line.				
Self (You are the person on the record)				-		rovide a	conv o	fvour	
Parent (Must be named on the record)				Grandparent (Must provide a copy of your child's birth certificate)					
Spouse (Must provide certified copy of marriage				Legal Guardian (Must provide legal courtship					
license with raised seal) Sibling (Must provide copy of your birth				papers with raised seal) Adult Child of Person Named on Record (Must					
certificate showing at least one parent in common,				provide copy of your birth certificate)					
unless born in Monroe County)				Other (Must provide proof of entitlement)					
WARNING: False		_	_		_	ndiana	Birth C	ertificates	
is a criminal offense under IC 16-37-1-12. Applicant's information is required under IC 16-37-1-7.									
Α	applicant's info	rmation is r	equire	d under	IC 16-	-37-1-7	•		
Print Name of App	olicant:								
Signature:									
Address: City:									
State:	Zip:	Phone	Numbe						
For Office Use Only									
BC Copies	Lg Sleeves	Sm Sleeves		CBN		PA			
BC Copies PA Copy	Lg Sleeves Notary	Sm Sleeves AA		Gen		Total: \$;		
		AA	/0				Card		
Cash	Notary	AA M							

Valid Forms of Identification

<u>Primary Documentation</u> (must be current and valid – only one needed)

- Driver's License or State Issued ID Card
- Military ID
- Passport
- Department of Corrections ID (issued within the last 6 months)
- Matricula Consular Card

Secondary Documentation (If without primary ID, must provide two secondary)

- Police Report (if ID was stolen)
- Fire Report (if ID was destroyed by fire)
- Social Security Card with signature
- Expired Driver's License or State Issued ID Card
- Work ID Card with photo or signature
- Club membership card with photo or signature
- Medial Insurance card
- Debit or credit card with signature
- School ID with photo or signature
- Arrest fact sheet with photo
- Letter/Statement from probation department including name and date of birth
- Gun permit or hunting/fishing license with signature
- Vehicle registration
- Voter registration card

Mail Order Checklist

Completed and signed Birth Certificate Application
Check or money order made payable to Monroe County Health Department for
\$16 per copy ordered
Photocopy of applicant's identification
Photocopy of check signer's identification if different from applicant
Self-addressed stamped envelope

Mail to:

Monroe County Health Department 119 W. 7th Street Bloomington, IN 47404

We are not responsible for lost or undeliverable mail

You can also order certificates online at VitalChek.com (additional fees apply) or come in person to our office.

Please call 812-349-2542 with any questions.