



## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Parent 1 Full Name (if mother, please include maiden name as well):

\_\_\_\_\_  
First Middle Last

Parent 2 Full Name:

\_\_\_\_\_  
First Middle Last

Reason Record is Needed (travel, housing, personal, etc.): \_\_\_\_\_

Relationship to Person Named on Certificate. Please Check Appropriate Line.

<input type="checkbox"/> Self (You are the person on the record)	<input type="checkbox"/> Grandparent (Must provide a copy of your child's birth certificate)
<input type="checkbox"/> Parent (Must be named on the record)	<input type="checkbox"/> Legal Guardian (Must provide legal courtship papers with raised seal)
<input type="checkbox"/> Spouse (Must provide certified copy of marriage license with raised seal)	<input type="checkbox"/> Adult Child of Person Named on Record (Must provide copy of your birth certificate)
<input type="checkbox"/> Sibling (Must provide copy of your birth certificate showing at least one parent in common, unless born in Monroe County)	<input type="checkbox"/> Other (Must provide proof of entitlement)

**WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC 16-37-1-12.**

**Applicant's information is required under IC 16-37-1-7.**

PRINT YOUR NAME: \_\_\_\_\_

SIGN YOUR NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### For Office Use Only

BC Copies		Lg Sleeves		Sm Sleeves		CBN		PA	
PA Copy		Notary		AA		Gen		<b>Total: \$</b>	

Cash \_\_\_\_\_ Check \_\_\_\_\_ M/O \_\_\_\_\_ Card \_\_\_\_\_

Local # \_\_\_\_\_ Receipt # \_\_\_\_\_

ID \_\_\_\_\_ Exp \_\_\_\_\_

### Valid Forms of Identification

**Primary Documentation** (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. 7<sup>th</sup> 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.