



APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE
THIS OFFICE HAS LAWRENCE COUNTY BIRTHS ONLY

**Lawrence County
Health
Department**

INSTRUCTIONS:

*Please complete all items below by printing clearly in black ink
 *To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8

Warning: False applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC 16-37-1-12

- Money orders or Cashier checks must be made payable to:
Lawrence County Health Dept.
- Mail Application to: **Lawrence County Health Dept., 2419 Mitchell Rd, Bedford, IN 47421.**
- With application include a **self-addressed, stamped envelope** for birth certificate to be mailed.

1. Full name at birth		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date of Birth
5. Place of birth: City	County:	State:	Hospital:	
6. Full Name of Father:		Father's State of birth:	7. Full Maiden name of mother	
8. Has this person been Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Has name been legally changed? <input type="checkbox"/> Yes (not by marriage) <input type="checkbox"/> No		Mother's state of birth:
10. Relationship to person named on certificate: (Check appropriate box)				
<input type="checkbox"/> Person named on record.		<input type="checkbox"/> Parent(s) of person named on the record		
<input type="checkbox"/> Grandparent(s) of person named on the record. (Include a photocopy of your child's birth certificate to prove relationship)		<input type="checkbox"/> Sibling, 18 or older, of person on the record, (Include a photocopy of your own birth certificate to prove relationship)(Person whose record is being requested must also be 18 or older)		
<input type="checkbox"/> Legal Guardian of person named on the record (Include original legal guardianship papers with raised court seal)		<input type="checkbox"/> Adult child of the person named on the record. (Include a photocopy of your own birth certificate to prove relationship)		
<input type="checkbox"/> Other. (Include "Permission To Release Birth Certificate" form signed by person named on record with ID; form is found on this website)				
11. Purpose for which record is to be used:			12. E-mail address:	

Type of Certificate	Quantity	Price	Total Amount	Name: _____
8 1/2 X 4 1/4 birth certificate		\$10.00 each	\$	Address: _____
Correction fee		\$20.00	\$	
Genealogy sheet (not a legal document)		\$5.00 each	\$	City/State/Zip: _____
Genealogy search fee (1 name/5 years)		\$5.00 each	\$	
Total Fees			\$	Telephone number: _____

I hereby swear and affirm the above statements are true and correct.

_____ (Signature of applicant)

TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20____ by _____,
 (Printed name of person requesting birth certificate)

who produced the following Identification: Valid Drivers License Valid State ID Card Valid Passport Valid Military ID,

(check one), issued by _____, with the ID number of _____ expiring _____.

My commission expires _____, 20____.

_____ (Signature of Notary Public)