

**Lawrence County Health Department
2419 Mitchell Road
Bedford, Indiana 47421
812-275-3234**

PERMISSION TO RELEASE BIRTH CERTIFICATE

Warning: False application to obtain or inspect, altering, mutilating or counterfeiting Indiana Birth Certificate or the use of such a certificate is a criminal offense under IC 16-37-1-12.

Certificate Holder:

Full Name at Birth: _____

Date of Birth: _____

Name after Legal Change: _____
(adoption, court order change, paternity affidavit) **Excluding marriage**

Father's **Full** name: _____
State of Birth _____

Mother's **Full Maiden** Name: _____
State of Birth _____

Reason Record Needed (what it will be used for) _____

Signature: _____ Date _____

Address: _____
Street address City State Zip

Daytime phone #: _____ **Number of copies requested:** _____

Releasing To:

Full name: _____

Address: _____
Street address City State Zip

*****Photo copy of Identification is required of the certificate holder*****

Mail or Fax to Lawrence County Health Department