

Floyd County Health Department

1917 Bono Road
New Albany, Indiana 47150-4607

Telephone: 812/948-4726
Fax: 812/948-2208

WARNING False application, altering, mutilating or counterfeiting Indiana birth certificate is a criminal offense under IC 16-37-1-12.

INSTRUCTIONS

- * Please complete all items below by printing clearly.
- * 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.

Application For Certified Birth Certificate

THIS OFFICE ONLY HAS BIRTH RECORDS FOR FLOYD COUNTY, INDIANA

PLEASE PRINT

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:
6. Has this person been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Has name been legally changed? <input type="checkbox"/> Yes (not by marriage) <input type="checkbox"/> No	8. If yes, new name:	
9. Full name of father:		Father's State of Birth:	
10. Full name of mother:		Maiden Name	Mother's State of Birth:
11. RELATIONSHIP TO PERSON NAMED IN BOX 1 <input type="checkbox"/> Person named on the record. <input type="checkbox"/> Legal Guardian of person named on the record. (Guardianship paper needed.) <input type="checkbox"/> Parent(s) of person named on the record. <input type="checkbox"/> Grandparent(s) of person named on the record <input type="checkbox"/> Sibling, over 18, of person named on the record <input type="checkbox"/> Spouse of person named on the record. <input type="checkbox"/> Adult child of the person named on the record.			
12. Purpose for which record is to be used.		13. Telephone number:	

Name: _____
 Address: _____
 City/State/Zip: _____

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

Signature of applicant

TO BE COMPLETED BY A NOTARY PUBLIC

State of _____)
 County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____
 by _____

proved to me on the basis of satisfactory evidence, to be the person

(Print name of person requesting Birth Certificate)

whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity as listed in item 11, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

My commission expires _____, 20____

(Signature of Notary Public)