

Floyd County Health Department

1917 Bono Road
New Albany, IN 47150
Phone: (812) 948-4726 Fax: (812) 948-2208
Office Hours: Monday—Friday 8:00 A.M. - 4:00 P.M.

BIRTH CERTIFICATES \$10.00 PER COPY

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.

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

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"/> Parent(s) of person named on the record <input type="checkbox"/> Grandparent(s) 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 <input type="checkbox"/> Legal Guardian of person named on the record. (Guardianship paper needed). <input type="checkbox"/> Sibling, over 18, of person named on the record.			
12. Purpose for which record is to be used.		13. Telephone number:	

Name of Applicant: _____

Address: _____

City/State/Zip Code: _____

I hereby swear and confirm 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_____

_____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed 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)