

DEARBORN COUNTY HEALTH DEPARTMENT APPLICATION FOR BIRTH CERTIFICATE

Dearborn County Health Department

FULL NAME AT	BIRTH:	
DATE OF BIRTH	:	GENDER:
PLACE OF BIRT	Н:	
FULL NAME OF	FATHER:	
	MOTHER (INCLUDE MAIDEN):	
HOW WILL THIS	S RECORD BE USED?	
RELATIONSHIP	TO PERSON ON BIRTH RECORD:	·
Today's Date	Signature of Applicant (REQUIRED)	Print Name of Applicant
Email Address	Address Phone Number	
Address (Street, C	City, State, Zip Code	
NUMBER OF BIRTH CERTIFICATES REQUESTED:		
	Dearborn County is \$15.00 NO PERSONAL Certified Check or Money Order: Dearborn County Health Departive Vital Records 272 Bielby Rd. Lawrenceburg, IN 47025 (812) 537-8826	ment
BIRTH	RECORDS FOR DEARBORN COUNTY BEGIN	I WITH THE YEAR 1882
DOCUMENTATION TO V	ERIFY RELATIONSHIP TO INDIVIDUAL IS NEEDED FOR BIRT	TH CERTIFICATE ORDERS (PER 410 IAC 18-3-1)
	Y DOCUMENTATION IS A CURRENT DRIVER'S LICENSE. IF Y D FORMS OF SECONDARY DOCUMENTATION ARE REQUIR 37-1-10 & 11, 11.5C)	