LAGRANGE COUNTY HEALTH DEPT.

304 N. Townline Rd. Ste #1 LaGrange, IN 46761 260/499-4182 ext: 221

Website: lagrangecountyhealth.com HOURS: 8 am – 3:30 pm (Monday – Friday)

WARNINGI False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense.

** Fees revised 03/05/2013

** YOU NEED TO SUPPLY THE FOLLOWING:

- *1. <u>FEE</u>: \$15.00 PER BIRTH CERTIFICATE, which includes (1) Large Certificate and (1) Wallet-size Certificate. If you are from out of the county, send cashier check or money order. ***NO DEBIT OR CREDIT CARDS
- *2. <u>I.D.</u>: A COPY OF <u>1</u> FORM of ID for the person who signs on Line # 9.

 ** DO NOT SEND ORGINIALS You may use a copy of your Driver's License, Buggy License, Non-Photo ID's, Pay Check Stub, Fishing-Hunting License.
- *3. **A self addressed, stamped envelope**.

NUMBER OF CERTIFICATES REQUES		 DSED:\$	
1. Full name at birth:		Sex: M or F	
**Has this person ever had a name change by co			
2. Date of Birth:	Age at last Birthday:		
3. Place of Birth: COUNTY ST.	ATE Is this	Is this person Deceased: Yes or No Year of Death: (if known)	
4. Father's Full Name:			
5. Mother's Full Maiden Name :			
6. Was Mother married to Father a	at the time of Birth?		
7. Birth Place of Father:(State)	Mother:(S	State)	
8. Is this person: Yourself, Your Sp	pouse, Your Child, or Other		
9. Signature:			<u>-</u>
10. Address:			
Phone:	Today's Date:		
HEALTH DEPT. USE ONLY: BIRTH CERT. NO:	DATE RECEIVED: NO RECORD FOUND: _		