

CLAY COUNTY HEALTH DEPARTMENT
18 N. WALNUT STREET
BRAZIL, IN 47834
PHONE : (812) 448-9021 – FAX: (812) 448-9018

PLEASE COMPLETE
ALL ITEMS BELOW

APPLICATION FOR CERTIFIED COPY OF BIRTH

NAME AT BIRTH _____

DATE OF BIRTH _____

HAS THIS PERSON EVER BEEN ADOPTED: YES _____ NO _____

IF YES, PLEASE GIVE NAME AFTER ADOPTION : _____

PLACE OF BIRTH: CITY _____ COUNTY _____

FULL NAME OF FATHER: _____ State of Birth _____
(If Adopted, Please Give Name of Adopted Father)

FULL MAIDEN NAME OF MOTHER _____ State of Birth _____
(If Adopted, Please Give Name of Adopted Mother)

PURPOSE FOR WHICH RECORD IS TO BE USED _____

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS
REQUESTED _____ TELEPHONE NUMBER _____

SIGNATURE OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE _____ TOTAL CERTIFICATES _____

APPLICANT MUST SHOW PROOF OF IDENTIFICATION. (COPY OF
DRIVERS LICENSE, ETC.)

FEE: \$10.00 PER COPY. MONEY ORDERS OR CASH ACCEPTED. NO PERSONAL
CHECKS. (Wallet Size Available)

WARNING: FALSE APPLICATION, ALTERING, MUTILATING OR COUNTERFEITING
INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER INDIANA CODE 16-1-
19-6

*****OF

OFFICE USE ONLY

YOUR FEE OF \$ _____ WAS RECEIVED

AND IS BEING HELD PENDING THE RETURN OF

INFORMATION REQUESTED ABOVE

PLEASE REMIT ADDITIONAL FEE OF \$ _____

BOOK _____ PAGE _____