



NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701
Telephone: (260) 636-2191
Fax: (260) 636-2192
Clinic Fax: (260) 636-3753

**WARNING: FALSE APPLICATION FOR, AND/OR ALTERING, MUTILATING,
OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE
IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12**

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

IDENTIFICATION REQUIRED
Photo Copy – Driver's License or State I.D.

COMPLETE ALL INFORMATION BELOW:

Number of Certificates: _____ Plastic Pouch: _____
\$10.00 Each Copy \$2.00 Each (Not required)

1. Full Name at Birth: _____
First Middle Last

2. Name after any legal changes or court orders Paternity: _____

3. Has this person ever been adopted? YES NO

4. Gender: _____ 5. Date of Birth: _____ 6. Age _____

7. Place of Birth (Name of Hospital or address of birth): _____

8. Full Name of Father: _____
First Middle Last

9. Mothers Full Maiden Name (name at birth): _____
First Middle Last

10. If this is not your record how are you related to person in Item No. 1? _____

11. Why are you requesting the certificate? _____

12. Your Signature: _____ Phone Number: _____

13. Your Address: _____
Street Address City State Zip

Payable By cash, Credit/ Debit card or Money Order, No Personal Checks
***** Not Responsible for Cash Sent in the Mail *****

Mail:
Noble County Health Department
2090 North State Road 9 Suite C-2
Albion, IN 46701

Email: ashively@nobleco.us

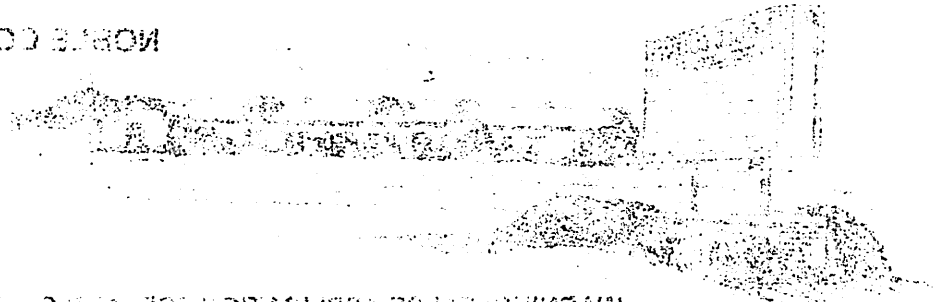
For Office Use Only:

Searched By: _____ Date: _____ Certificate#: _____ Receipt #: _____

NOBLE COUNTY HEALTH DEPARTMENT

2050 N. State Road B, Suite C
Arling, Indiana 46701

Telephone: (260) 838-5191
Fax: (260) 838-5190
Clinic Fax: (260) 838-5183



WARNING: PLEASE APPLICATION FOR AN INDIVIDUAL WITH A HISTORY OF
OR CONSIDERING AN INDIVIDUAL WITH CERTIFICATE
IS A CRIMINAL OFFENSE UNDER IO 18-27-12

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

IDENTIFICATION REQUIRED!
Photo Copy - Driver's License or State ID

COMPLETE ALL INFORMATION BELOW:

Number of Certificates: _____
\$10.00 Each Copy
\$25.00 Each (Not Refundable)
Please Print:

1. Full Name of Birth: _____
First Middle Last

2. Mark with any legal changes or court orders Paternity: _____

3. Has the person ever been adopted? YES NO

4. Gender: _____ Date of Birth: _____ Age: _____

5. Place of Birth (Name of Hospital or address of birth): _____

6. Full Name of Father: _____
First Middle Last

7. Mother's Full Maiden Name (name at birth): _____
First Middle Last

8. If this is not your record how are you related to person in form No. 1? _____

9. Why are you requesting this certificate? _____

10. Your signature: _____ Printed Name: _____

11. Your Address: _____
Street Address City State Zip

PLEASE BY MAIL: Check in person or bring check to the social clerk
The appropriate fee will be in the mail.

Form approved by _____

Maria
Noble County Health Department
2050 North State Road B, Suite C
Arling, Indiana 46701

Form Approved by _____

Printed by: _____ Date: _____ Received by: _____