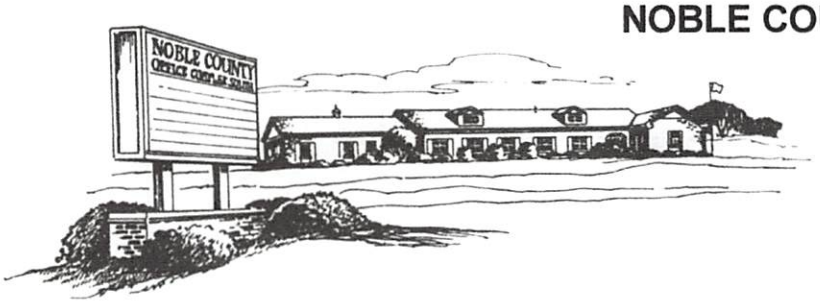

NOBLE COUNTY HEALTH DEPARTMENT

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:

1. Full Name at Birth:_____
   First Middle Last
2. Name after any legal changes or Court ordered Paternity:_____
3. Has this person ever been adopted? Yes_____ No_____

   If YES, Give name after adoption here:_____
4. Gender:_____ 5. Date of Birth_____ 6. Age:_____
7. Place of Birth (Hospital or Home):_____
8. Full Name of Father:_____
9. Mother's Full Maiden Name (Her Birth Name):_____
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 CARD or MONEY ORDER ***NO PERSONAL CHECKS*** ****NOT RESPONSIBLE FOR CASH SENT IN MAIL***

Fee: $10 Per Certificate

Mail To/or E-Mail: tlough@nobleco.us

Noble County Health Department
2090 N St. Road 9, Suite C-2
Albion, IN 46701

FOR OFFICE USE ONLY: ID_____ RECEIPT # _____

SEARCHED BY:_____ DATE:_____ CERT #_____