BOONE COUNTY HEALTH DEPARTMENT

Application for Search of Paternity Affidavit / Certified Copy of Birth Record

Warning:

False application to obtain or inspect, altering, mutilating, or counterfeiting Indiana Birth Certificates, or the use of such a certificate, is a criminal offense under IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (e.g. Driver's License, State ID). Please complete all items below as required pursuant to IC 16-37-1-10 (a).

Full name at birth:

Name after any legal name change or court order paternity:

Has this person ever been adopted? If yes, please give name after adoption.

Place of birth: Home / Hospital | Address: | City:

Date of birth: | Age last birthday:

Full name of Parent 1 / Maiden name if applicable (If adopted, give name of adopting Parent 1): | State of Birth:

Full name of Parent 2 / Maiden name if applicable (If adopted, give name of adopting Parent 2): | State of Birth:

Purpose for which record is to be used: Work Travel Passport Driver's License ID Other: _____

Your relationship to the individual on the requested certificate: | **Number of copies requested:**

Signature of Applicant:

Mailing Address:

Daytime Phone Number: | Today's Date:

Boone County Health Department does not accept out-of-state checks

*Mail this application, check or money order in the amount of $15 each, payable to **BOONE COUNTY HEALTH DEPARTMENT** and a copy of your identification to:

Boone County Health Department - Attention: Vital Records - 116 W. Washington Street - Lebanon IN 46052

PRINT name and address of person to whom the certified copy is to be mailed ***if different*** *than stated above .*

Name:

Address:

FOR OFFICE USE ONLY

Date Received:		Receipt # Credit Card		Verifier's Initials:
Payment Method:	Cash: $	Check: #:	$	Money Order: # $	Credit Card: $
Book #:	Page:	Certificate #:	Filed:	**Genesis / Access Birth Record #:**

ID: License #

Expires: | Date of Birth:

Other ID:

PHOTO IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8