



# Fountain Warren County Health Department

## Application for Record of Birth

113 W. Sycamore Street, Attica, IN 47918

Phone: 765-762-3035 Fax: 765-762-6520

You **MUST** provide the following with **completed application**:

**Copy of your photo ID with signature** such as a driver's license or State ID

**Certified Birth Certificate Fee is \$10.00**; \$5.00 for each additional certificate which must be purchased at the same time as original.

If paying by check or money order please make payable to the **Fountain-Warren County Health Department**

Child's full name at birth: \_\_\_\_\_

Any other name under which the record could be recorded: \_\_\_\_\_

Was the person ever adopted? \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's full legal name and maiden name: \_\_\_\_\_

Purpose for which record is to be used: \_\_\_\_\_

Your relationship to person whose birth record is being requested: \_\_\_\_\_

Your address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: False application, altering, mutilating or counterfeiting Indiana Birth Certificates is a Criminal Offense under IC 16-37-1-12.**