FLOYD COUNTY HEALTH DEPARTMENT

1917 Bono Road
New Albany, IN 47150
Phone: (812) 948-4726 Fax: (812) 948-2208
Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.

BIRTH CERTIFICATES $13.00 PER COPY

INSTRUCTIONS
*Please complete all items below by printing clearly
*To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need to determine personal or property rights. IC 16-37-1-8.

WARNING: False application, altering, mutilating or counterfeiting Indiana birth certificate is a criminal offense under IC 16-37-1-12.

Application for Certified Birth Certificate

THIS OFFICE ONLY HAS BIRTH CERTIFICATES FOR FLOYD COUNTY, INDIANA

PLEASE PRINT:

1. Full name at birth:		**2. Age**	**3. Sex** ( )Male ( )Female
4. Date of Birth	**5. Place of Birth: City**	**County:**	**State:**
6. Has this person been adopted? ( ) Yes ( ) No	**7. Has name been legally changed?** ( ) Yes (not by marriage) ( ) No	**8. If yes, new name:**	
9. Full name of father:			**Father's State of Birth:**
10. Full name of mother:	**Maiden Name:**		**Mother's State of Birth:**

11. RELATIONSHIP TO PERSON NAMED IN BOX 1

( ) Person named on the record
( ) Parent(s) of person named on the record
( ) Grandparent(s) of person named on the record
( ) Spouse of person named on the record
( ) Adult child of the person named on the record
( ) Legal Guardian of person named on the record. (Court ordered guardianship needed.)
( ) Sibling, over 18, of person named on the record.

12. Purpose for which record is to be used:	**13. Telephone number:**

Name of Applicant: _____

Address: _____

City/State/Zip: _____

I hereby swear and confirm the above statements are true and correct.

_____
(Signature of Applicant)

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TO BE COMPLETED BY A NOTARY PUBLIC

State of _____)

County of _____)
Subscribed and sworn to before me this _____day of _____, 20____, _____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument and has acknowledged to me that he/she executed the same in his/her authorized capacity as listed in item 11 and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

My commission expires _____, 20___ _____
Notary Public