



Vital Records Division • 220 East 7th Street • Auburn, Indiana 46706

Phone: (260) 925-2220 • Fax: (260) 925-2090 • www.co.dekalb.in.us

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

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. Sex: _____ 5. Date of Birth: _____ 6. County: DeKalb
- 7. Full Name of Father: _____
- 8. Full Name of Mother Before Marriage: _____
- 9. If this is not your record, how are you related to person in item No. 1? _____
- 10. For what purpose will record be used? _____
- 11. Your Signature: _____ Phone Number: _____
- 12. Your Address: _____
 Street Address City State Zip code

_____ Quantity of Full Size Requested (\$10 per Certificate)

- *Payable by cash or money order made payable to: DeKalb County Health Dept.
- *NO PERSONAL CHECKS
- *NOT RESPONSIBLE FOR CASH SENT IN MAIL
- *ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE

Mail To:
DeKalb County Health Department
220 East 7th Street, Suite 110
Auburn, Indiana 46706

IDENTIFICATION REQUIRED (send copies if mailing in application)

**Photo Copy of Driver’s License or State I.D.
Identification requirements may be fulfilled by submitting one valid Primary Document or two valid Secondary Documents. All documents must be current and valid; expired documents are not acceptable.
Orders with NO ID will be returned**

FOR OFFICE USE ONLY: ID _____ RECEIPT NO. _____
DATE: _____