LAGRANGE COUNTY HEALTH DEPT.
304 N. Townline Rd. Ste #1
LaGrange, IN 46761
260/499-4182 ext: 5
Website: lagrangecountyhealth.com
HOURS: 8 am – 3:30 pm (Monday – Friday)

WARNING! False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense.
** Fees revised 03/05/2013

** YOU NEED TO SUPPLY THE FOLLOWING:

*1. **FEE: $15.00 PER BIRTH CERTIFICATE**, which includes (1) Large Certificate and (1) Wallet-size Certificate. If you are from out of the county, send cashier check or money order.
***NO DEBIT OR CREDIT CARDS

*2. **I.D.: A COPY OF 1 FORM of ID** for the person who signs on Line # 9.
** DO NOT SEND ORGINIALS – You may use a copy of your Driver's License, Buggy License, Non-Photo ID's, Pay Check Stub, Fishing-Hunting License.

*3. **A self addressed, stamped envelope**.

NUMBER OF CERTIFICATES REQUESTED: _____ AMOUNT ENCLOSED:$ _____

1. Full name at birth: _____ Sex: M or F

**Has this person ever had a name change by court action? (Example: Adoption, Court Ordered Name Change, Paternity)
YES _____ NO _____ NAME WAS:_____

2. Date of Birth: _____ Age at last Birthday: _____

3. Place of Birth:_____ Is this person Deceased: Yes or No
COUNTY STATE Year of Death:_____ (if known)

4. Father's Full Name: _____

5. Mother's Full Maiden Name : _____

6. Was Mother married to Father at the time of Birth? _____

7. Birth Place of Father: _____ Mother:_____
(State) (State)

8. Who is Birth Certificate for?: Yourself, Your Spouse, Your Child, or Other _____

9. Signature: _____

10. Address:_____City:_____State: ____ Zip: _____

Phone:_____ Today's Date: _____

HEALTH DEPT. USE ONLY: DATE RECEIVED: _____
BIRTH CERT. NO: _____ NO RECORD FOUND: _____