

**APPLICATION FOR A CERTIFIED
BIRTH CERTIFICATE
Noble County**

**WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES
IS A CRIMINAL OFFENSE UNDER IC 16-1-19-6.**

Please complete all items below

1. Full Name at Birth: _____

2. Has this person ever had a name change by court action? (Example: Adoption, Court Ordered Name Change, Paternity)

YES _____ NO _____ NAME NOW: _____

3. Date of Birth: _____ Age at Last Birthday _____

4. Place of Birth: (Town or Hospital) _____

5. Full Name of Father: _____

6. **Full Maiden Name** of Mother: _____

7. Purpose for which record is to be used: _____

8. Your relationship to person whose birth record is requested: _____

Your phone number: _____

9. Your Signature: _____ Date: _____

10. Your Address: _____ City: _____

11. I.D. : (Copy of Driver's License – Photo I.D. Etc)

12. Was mother married to father at time of birth? Yes _____ No _____

Available: Standard 1/2 size sheet and/or laminated wallet size
(please specify size and number)

Fees: \$10.00 each certificate

Noble County Department of Health
Suite C, Vital Records
2090 N State Rd 9
Albion, IN 46701

**Payable: Money Order or Cash – No Checks
Accepted. Must Enclosed Self-Addressed
Stamped Envelope**

Birth Cert. Number(s) _____/_____/_____/_____

Number Issued _____ Date Issued _____ Initials _____

Local Number _____ Certifier's Name _____ Date Filed _____