STEP 1



## APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

State Form 49607 (R5 / 5-12) Approved by State Board of Accounts, 2012 INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL RECORDS OFFICE BEGIN WITH OCTOBER 1907. Prior to October 1907, records of birth are filed ONLY with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs \$10.00. The fee is non-refundable. Included in one search is a 5-year period: the reported year of birth and, if the record is not found in that year, the 2 years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each. Amendments made to the record are an additional \$8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (SEE REQUIREMENTS AND ACCEPTABLE DOCUMENTATION LIST). Requests for birth certificates sent without proper identification will be returned to the requester without processing. Please complete <u>all</u> items below as required pursuant to IC 16-37-1-10 (a):			
Full Name at Birth			
Could this birth be recorded under any other name? If Yes, Please Give Name.			
Has the person ever been adopted? If Yes, Please Give Name AFTER Adoption.			
Place of Birth: City		Place of Birth: County	
Name of Hospital			
Date of Birth (Month, Day, Year)  Is this Person De If YES which sta		ceased? (Please Check One) YES NO UNKNOWN	
Full Name of Father (If adopted, Give Name of Adopted Father.)			
Full Name of Mother including Maiden Name (If adopted, Give Name of Adopted Mother.)			
Purpose for which record is to be used			
APOSTILLE			
Your Relationship to the Individual Named on the requested certificate			
Total Certificates  Standard Size (Passport Acceptable) Long Form (Statistical Version)  (Please note: if a long form is unavailable, standard size will be sent.)			
Is this certificate for an Apostille? Delivery Preference (Please call agency for current express delivery rate.) Total Fee			
(Please Check One)		G : S:	
Print Name of Applicant	No Regular Mail	Express Courier, Signature upon deliversity Signature of Applicant	very required
Mailing Address (Number, Street, City, State, ZIP Code) ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED.			
Daytime Telephone Number (including Area Code)		Today's Date (Month, Day, Year)	
Send this application(s) with a check or money order payable to the Indiana State Department of Health, along with copy of Government			
State, or Military valid identification and, or required documentation to: Vital Records, Indiana State Department of Health, P O Box 7125, Indianapolis, IN 46206-7125. Web address <a href="https://www.in.gov/ISDH">www.in.gov/ISDH</a> . Please note: Average processing time is 3-4 weeks. If identification does not match the address provided, your request will not be processed.			
TOD OFFICE VICE ON V			
Date received (Month, Day, Year)	FOR OFFICE USE ONLY Receipt Number		Volume Number
Date received (Monin, Day, Tear)	Vecelht Maimaci.		Voldino I tuniooi
Certificate Number	Application Number		Initials of Verifier



Gregory N. Larkin, M.D., F.A.A.F.P. State Health Commissioner

## Dear Valued Customer:

To obtain an Apostille there are specific requirements set forth by the Indiana Secretary of State. In order to ensure quick processing, please note all requests must include the following:

- Cover letter indicating which country will be receiving the document
- Telephone number where you can be reached
- Copy of a valid State issued identification, passport, or military identification
- Pre-stamped return envelope with additional postage if sending multiple certificates
- The Birth Certificate issued from the Indiana State Department of Health

## Mail to:

Secretary of State **Authentication Department** 302 W. Washington Street, Room E-018 Indianapolis, IN 46204

Please allow five (5) business days for processing. For additional information, including the hours for Walk-In Services, visit www.in.gov/sos/business/apostille/ or call the Secretary of State at (317) 232-2677.

The Secretary of State provides this service at no charge.