

BIRTH APPLICATION BY MAIL
YOU MUST INCLUDE A PHOTOCOPY OF A PHOTO I.D. OR DRIVERS LICENSE
AND A SELF ADDRESSED STAMPED ENVELOPE

STARKE COUNTY HEALTH DEPARTMENT
VITAL RECORDS DIVISION
108 N Pearl St
KNOX, INDIANA 46534
TEL: (574) 772-9174
FAX: (574) 772-8035

WARNING:

False application to obtain or inspect,
Altering, mutilating, or counterfeiting Indiana
BirthCertificates, or the use of such a certificate, is
a Criminal offense under IC16-37-1-12.

In accordance with Indiana Code 16-37-1-7, requests
for birth cert. must include the information below. A
permanent record of this request must be kept on file.

FOR SEARCH & CERTIFIED COPY OF **BIRTH RECORD**
WE HAVE STARKE COUNTY BIRTHS ONLY!!!
PLEASE COMPLETE ALL ITEMS BELOW
PHOTO IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8.

FULL NAME AT BIRTH _____

NAME AFTER ANY LEGAL CHANGES/COURT ORDERED PATERNITY/ADOPTION:

Has this person been adopted? Yes ____ No ____

HOW ARE YOU RELATED TO THE ABOVE PERSON? _____

PLACE OF BIRTH (CITY) _____ (COUNTY) _____

DATE OF BIRTH _____ AGE _____

FULL NAME OF FATHER _____

STATE OF BIRTH _____

If adopted, give adoptive father's name _____

FULL MAIDEN NAME OF MOTHER _____

STATE OF BIRTH _____

If adopted, give adoptive mother's name _____

WHY DO YOU NEED THIS RECORD? _____

HOW MANY COPIES DO YOU WANT? _____

YOUR SIGNATURE _____ PHONE NO. _____

YOUR ADDRESS _____ CITY/STATE _____ ZIP _____

TODAY'S DATE _____ TOTAL FEE \$ _____ MONEY ORDER

IF ALL ITEMS ON APPLICATION ARE NOT COMPLETED, THIS FORM WILL BE RETURNED

Form of I.D. Used:

Name on
I.D. _____

FEES:

\$10.00 Genealogy fee 1-10 names
\$10.00 For first copy birth certificate
and each additional copy