

**Benton County Health Department**  
**706 E. 5<sup>th</sup> St., Suite 12**  
**Fowler, Indiana 47944**  
(765) 884-1728 Option 1 Fax: (765) 884-2072  
Birth records Begin with year 1882

A fee of \$15.00 is required for each certified certificate issued. If a certificate is to be mailed, please furnish a self-addressed, stamped envelope. This form must be completed and returned with the fee and a copy of Identification (i.e. photocopy of driver's license, work identification Card etc.) to this office before certificate(s) can be issued.

For Office Use Only: Local File No. _____	File Date: _____
Locator No. _____	Correction No. _____
Money Receipt # _____	Date _____
Certificate # _____	Quantity _____

**APPLICATION FOR CERTIFIED CERTIFICATE OF BIRTH**

Full Name at Birth \_\_\_\_\_  
Could this name be recorded under any other name? ( ) Yes ( ) No  
If so, please give name \_\_\_\_\_

Has This Person Ever Been Adopted? ( ) Yes ( ) No  
If yes, please give name after adoption \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (County) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age At Last Birthday \_\_\_\_\_

Full Name of Father \_\_\_\_\_  
(If adopted, please give name of adoptive father) **State of Birth** \_\_\_\_\_

Full Name of Mother (Maiden Name) \_\_\_\_\_  
(If adopted, please give name of adoptive mother) **State of Birth** \_\_\_\_\_

Purpose for Which Record is Being Used \_\_\_\_\_

Your Relationship to Person Whose Birth Record is Requested \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ # of Certificates Requested \_\_\_\_\_ Amount Due \_\_\_\_\_

Revised 12/19/2023

**WARNING: False information, altering, mutilating or counterfeiting Indiana Birth Certificates is a criminal offense under I.C. 16-1-19-6**