## Application For BIRTH CERTIFICATE Issuance REQUEST

Lake County Health Department 2900 W. 93<sup>rd</sup> Avenue Crown Point, IN 46307 (219) 755-3655

Birth Certificate Cost: \$10.00 each (CASH OR MONEY ORDERS ONLY).

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 (e.g., photocopy of driver's license, work identification card, etc.)

Full Name at Birth (including middle)	Date of Birth	Place of Birth (City)
1		
2		
3		
4		
Full name of father and birthplace:		
Full name of mother including maiden r	name and birthplac	ce:
Your relationship to the individual name	ed on the requeste	d certificate:
Number of certificates requested:		
I have reviewed the above issued cer Subsequent corrections requested fo costs for any amended re-issued cert	or these certificat	und them to be correct. es will require additional
(Signature of Applicant)	————(Pri	nt Applicants Name)
Mailing Address (complete):		
Daytime telephone number:		