Office of

Fayette County Health

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WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC 16-1-19-6. Only the person requesting their own certificate or immediate family (mother, father, husband, wife, sister, brother) may obtain a birth certificate. Your request for a birth certificate was received and is pending the completion of this form.

Please remit \$15.00 each for certified copy of the certificate. Plastic protector available for \$1.00 each Please include a stamped self-addressed envelope.

NO PERSONAL CHECKS ACCEPTED

Indiana Law (IC 16-1-16-18) requires the "showing of at least one form of identification" to issue a certified copy of a birth certificate. This requirement applies to ALL requests. If request is by mail, a photocopy of a driver's license, social security card or school I.D. MUST accompany request.

APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD PLEASE COMPLETE ALL ITEMS BELOW.

Today's date:	DITIDAD DEED W.	-	
Full name at Birth:			
Could this birth be recorded under any other nam	ne?ye	es	_no
If yes, what name?			
Place of Birth:	County:		
Date of Birth:		Age now	
Full name of Father:			
Full name of mother with Maiden name			
Purpose for which record is to be used			
Is this your certificate? If no: your rela	ationship to person_		
Signature of applicant			
Mailing address			
City	State	Zip	
Daytime phone ()			
Email (for communication only)			
REQUESTING: FULL SIZE \$15.00 each	Protectors \$1.	00 each	