



Application for Certified Birth Certificate

Montgomery County Records **AFTER 1882 Only**

Montgomery County Health Department

Fee: \$10.00 per copy

*Only local checks accepted – mail in requests with money order only.

* We accept Visa and Mastercard both at the window and online. Please note that the company that process the debit/credit cards charges an additional \$1.50 on top of fees for certificates.

Instructions:

1. Please complete all items below by printing clearly
2. Proof of ID required (1 photo ID or 2 non photo ID items with current address)
3. To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8
4. Requests not made in person will require a Notary Public signature

Please note that proof of direct interest must be provided to receive a certified copy of a birth certificate. Examples are: (Spouse) Marriage License (Guardian) Copy of guardianship papers (Sibling) Copy of your own birth certificate (Grandparent) Copy of your child's birth certificate

WARNING:
False Applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under ID 16-37-1-12

Proof of relationship ensures that only those entitled to your information receive it.

Public Health
Prevent. Promote. Protect.

www.montgomerycounty.in.gov

110 West South Blvd
Crawfordsville, IN 47933
Phone: 765-364-6440
Fax: 765-361-3239

Date _____

TO BE COMPLETED BY ALL APPLICANTS					
Your Name			Your Address		
Your City			State	Zip	Phone Number
Purpose for record request:			Quantity:	Relationship to person on certificate:	
				Self <input type="checkbox"/>	Adult Child <input type="checkbox"/>
				Guardian <input type="checkbox"/>	Grandparent <input type="checkbox"/>
				Parent <input type="checkbox"/>	Sibling <input type="checkbox"/>
				Spouse <input type="checkbox"/>	Other <input type="checkbox"/>

USE THIS SECTION FOR BIRTH RECORD REQUESTS						
FULL NAME AT BIRTH / AFTER ADOPTION / OR LEGAL NAME CHANGE (BESIDES MARRIAGE):					Sex	Date Of Birth
First	Middle	Last	M / F	M M	DD	YYYY
Place of Birth: CITY		Place of Birth: COUNTY		Place of Birth: STATE		
Full Name of Father:		State of Birth	Full Name of Mother with Maiden Name:		State of Birth	

TO BE COMPLETED BY ALL APPLICANTS	
I swear and affirm that the information provided above is true and correct _____ Signature of applicant	
NOTARY SECTION (ALL MAIL REQUESTS MUST BE NOTARIZED.)	
State of _____ County of _____	
Subscribed and sworn before me by _____ on this _____ day of _____, 20____. I reside in _____ (city), _____ (state), and my commission expires _____. I have identified this person by their identification presented to me.	
Notary Public Signature _____	Printed Name _____ (STAMP)

FOR ONLINE PAYMENTS ONLY: PLEASE ENTER YOUR PAYMENT CONFIRMATION NUMBER _____

FOR OFFICE USE ONLY BELOW THIS LINE					
Date Received	Date Processed	Payment	Certificate Number	Initials	ID Checked