

Certified Birth Certificate Request Form

Cass County Health Department
512 High St.
Logansport, IN 46947
(574) 753-7761 Phone

WARNING: FALSE APPLICATION, ALTERING, MUTILTING OR
COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE
UNDER IC-16-1-19-6.

Full Name at Birth _____

Legal Name Change _____
(If adopted, print adopted information)
(No initials)

Date of Birth _____ County of Birth _____

Fathers Full Name _____

Mothers Full Name and Maiden Name _____

Requestor's Relationship _____
(To obtain a certified copy relationship must be self, parent, guardian (must provide legal documentation) grandparent, sibling (must be 18 years of age) or child (must be 18 years of age). Also must show proof of relationship. i.e. photocopy of Requestor's birth certificate.)

Requestor's Name _____

Requestor's Address _____

Requestor's Phone Number _____

Requestor's Email _____

Signature _____

Total Fee (\$10 per certificate)

***Cash or Money Order ONLY (No Personal Checks accepted), A valid photo ID *Mail in
Requests must include self addressed, stamped envelope.**

Office Use

Requested _____ Total Fee _____ Cert. # _____
Receipt # _____ Request Date _____