

# Certified Birth Certificate Request Form

Cass County Health Department  
512 High Street, Logansport, IN 46947

Vital Records 574.753.7761  
Nichole Brown VPR-S

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

**(No Initials)**

Full Name at Birth \_\_\_\_\_

Legal Name Change \_\_\_\_\_

Please Check one  Adoption  Married  Court ordered

Date of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_

Fathers Full Name \_\_\_\_\_

Mothers Full Name at Child's birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Name now \_\_\_\_\_

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 \_\_\_\_\_

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. Please note that requests not  
completed will be returned without being processed.**

## Office Use Only

# Requested \_\_\_\_\_ Total Fee \_\_\_\_\_ Cert. # 1 \_\_\_\_\_

Receipt # \_\_\_\_\_ Request Date \_\_\_\_\_ Cert # 2 \_\_\_\_\_