

Certified Birth Certificate Request Form

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

Vital Records 574.753.7761
Nichole Brown VPR-S
Nichole.brown@co.cass.in.us

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 _____

First

Middle

Last

Legal Name Change _____

Please check the one that applies to name change Adoption Married Court ordered

Date of Birth _____ County of Birth _____

Father's Full Name _____

Mother's Maiden Name _____

Mother's Last Name at Child's birth _____

Mother's Full Name now _____

Father's Birth State _____ Mother's Birth State _____

Requestor's Relationship (**this is you!**) _____ (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. #** _____

Receipt # _____ **Request Date** _____ **Cert. #** _____