

# Certified Birth Certificate Request Form

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

Vital Records 574.753.7761  
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**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. # \_\_\_\_\_