



**Instructions for  
Birth Certificate Request via Mail**

All persons born in Hamilton County after 1882 have a written birth certificate on file with the Health Department. These records are legal copies, which can be used for all requests, including school registration. Requests for these records are heavy during the mid to late August. To obtain a copy of a birth certificate, please complete the following:

1. Complete Application
2. Must Enclose Copy of Photo ID (i.e. Drivers License of person signing application)
3. Cash or Money Orders ONLY – **No Personal Checks or Credit Cards** FEE: \$15 each
4. Self-Addressed Stamped Return Envelope

For records of births outside of Hamilton County please contact the Indiana State Department of Health at [www.in.gov/isdh](http://www.in.gov/isdh)

Mail Request to Hamilton County Health Department  
18030 Foundation Drive, Suite A  
Noblesville, IN 46060

Application for search & certified copy of **BIRTH RECORD**  
**WE HAVE HAMILTON COUNTY BIRTHS ONLY!!!**  
**PLEASE COMPLETE ALL ITEMS BELOW**

**WARNING:** False application to obtain or inspect, altering, mutilating, or counterfeiting Indiana Birth Certificates, or the use of such a certificate, is a criminal offense under IC16-37-1-12.  
In accordance with Indiana Code 16-37-1-7, requests for birth certificates must include the information below. A permanent record of this request must be kept on file.

REQUESTER IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8.

FULL NAME AT BIRTH \_\_\_\_\_

Name after any legal changes or Court Ordered Paternity: \_\_\_\_\_

Has this person been adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give the name *AFTER* adoption: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOSPITAL/CITY WHERE BORN \_\_\_\_\_

HOW ARE YOU RELATED TO THE ABOVE PERSON? \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_

WHY DO YOU NEED THIS RECORD? \_\_\_\_\_

HOW MANY COPIES? \_\_\_\_\_ WHAT SIZE DO YOU WANT? REGULAR \_\_\_\_\_ WALLET \_\_\_\_\_

***No Personal Checks – No Bills Over \$20.00***

YOUR SIGNATURE \_\_\_\_\_

YOUR NAME (Please Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

---

FOR OFFICE USE ONLY  
BK. \_\_\_\_\_ PG. \_\_\_\_\_ CERT. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ BY: \_\_\_\_\_