

HOWARD COUNTY HEALTH DEPARTMENT

120 EAST MULBERRY STREET, ROOM #209
KOKOMO, IN 46901

PHONE: (765) 456-2927

PHONE: (765) 456-2400

APPLICATION FOR GENEALOGY INFORMATION ONLY

YOU MUST BE 18 YEARS OLD OR OLDER TO RECEIVE YOUR OWN CERTIFICATE

NOTICE: Birth certificates are issued to the **INDIVIDUAL NAMED** on the record, **THEIR PARENTS** (named on the certificate), **LEGAL GUARDIAN, GRANDPARENTS, CURRENT SPOUSE,** Full-blooded **BROTHERS & SISTERS AND CHILDREN** (if 21 years old or older).

FULL NAME AT BIRTH _____

HAS THIS PERSON EVER BEEN ADOPTED? _____ COULD THIS BIRTH BE UNDER ANY OTHER NAME? _____

IF SO, PLEASE GIVE OTHER NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FULL NAME OF FATHER: _____

FULL MAIDEN NAME OF MOTHER: _____

WHAT IS YOUR RELATIONSHIP TO THE PERSON ON THE CERTIFICATE? _____

WHAT IS THE CERTIFICATE (RECORD) TO BE USED FOR? _____

APPLICANT'S SIGNATURE _____

(Person Applying for the Certificate: Parent, Spouse, Etc.)

APPLICANT'S ADDRESS _____

(Street)

(City)

(State)

(Zip)

Today's Date: _____ Phone Number: _____

WARNING: False application, Altering, Mutilating, Or Counterfeiting an Indiana Birth Certificate is a CRIMINAL OFFENSE under I. C. 16-1-19-6.

FEES:

**ALL GENEALOGY SEARCHES WILL BE \$7.00/PER NAME PER SEARCH!!
WE WILL NEED A ONE-YEAR TIME FRAME OF THE DATE OF BIRTH
TO DO A SEARCH. THANK YOU.**

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