

*****Mail in requests only:** Please provide a copy of your photo ID along with a self-address stamped envelope to insure properly delivery of your request.

LaPorte County Health Department is not responsible for lost or undelivered mail sent via regular U.S. Postal Service.

Order your birth certificate online @: www.vitalchek.com

CASH ONLY

LaPorte County Health Department

Sandra Deausy, MD –
Health Officer

LaPorte Office Information / Michigan City Office Information
809 State St. – Suite 401 A / 302 West 8th St. – Suite 4
LaPorte, IN 46350 / Michigan City, IN 46360
Phone: (219) 325-5563 or (219) 326-6808, x 2200/ Phone: (219) 809-0515 or (219) 874-5611, x 7780
Fax: (219) 325-8628 / Fax: (219) 873-3018

Tony Mancuso -
Administrator

Number of Certificate: _____

CASH ONLY \$10.00 per certificate

**Must be born in LaPorte County
PICTURE ID IS REQUIRED
MUST BE 18 YEARS OF AGE**

WARNING: False application, altering, mutilating or counterfeiting an Indiana Birth Certificate is a criminal offense under IC-15-1-19-6

BIRTH INFORMATION – Please Print

FULL NAME AT BIRTH: _____
First Middle Last (MAIDEN)

Has this person ever had a LEGAL name change? If yes – please give new name _____

DATE OF BIRTH: ____/____/____ AGE: _____ BORN IN: ___LAPORTE ___MICHIGAN CITY
Now

FATHER: _____ BIRTHPLACE: _____
First Middle Last State/Country (if known)

MOTHER: _____ BIRTHPLACE: _____
First Middle MAIDEN State/Country (if known)

Present information – Please Print

PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:

BMV ___ PASSPORT ___ JOB ___ SCHOOL ___ SOCIAL SECURITY ___ PERSONAL RECORDS ___

Certified Birth Certificates are issued to the individual named above (if over 18) their parents, grandparents, siblings, spouse, children or guardian.

TODAY'S DATE: ____/____/____ CONTACT TELEPHONE NUMBER: (____) _____

RELATIONSHIP TO ABOVE PERSON (Birth Information):

SELF ___ SPOUSE ___ PARENT ___ GRANDPARENT ___ BROTHER/SISTER ___ SON/DAUGHTER ___

OTHER (Specify) _____

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____
Street City State Zip Code

OFFICE USE ONLY:

DRIVER'S LICENSE NO: _____ OTHER FORM OF ID: _____

ADDRESS ON LICENSE: _____ SAME _____ OTHER: _____

BOOK # _____ STATE # / PG # _____ LOCAL # _____ FILE DATE _____