***LaPorte County Health Department***

Amanda Lahners, REHS/RS Administrator

LaPorte Office Information / Michigan City Office Information

Sandra Deausy, MD Health Officer

809 State St. – Suite 401 A / LaPorte, IN 46350

300 Washington St, Suite 106 / Michigan City, IN 46360

Phone: (219) 325-5563

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

Birth Must Have Occurred in LaPorte County

PICTURE ID IS REQUIRED

MUST BE 18 YEARS OF AGE

**Number of Certificates: \_\_\_\_\_\_\_\_\_**

**CASH ONLY $10.00 per certificate**

**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)

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 to their parents, grandparents, siblings, spouse, adult children or legal guardian.

TODAY’S DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CONTACT TELEPHONE NUMBER: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO ABOVE PERSON:

SELF \_\_\_\_ SPOUSE \_\_\_\_ PARENT \_\_\_\_ GRANDPARENT \_\_\_\_ BROTHER/SISTER \_\_\_\_ SON/DAUGHTER \_\_\_\_

OTHER (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Order your birth certificate online @: [www.vitalchek.com](http://www.vitalchek.com)

***OFFICE USE ONLY:***

DRIVER’S LICENSE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER FORM OF ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS ON LICENSE: \_\_\_\_\_\_\_\_ SAME \_\_\_\_\_\_OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOOK # \_\_\_\_\_\_\_\_\_\_ STATE # / PG # \_\_\_\_\_\_\_\_\_\_ LOCAL # \_\_\_\_\_\_\_\_\_\_ FILE DATE \_\_\_\_\_\_\_\_\_\_