

*****Mail in requests:** Cash or money order payments are accepted. Please provide a copy of your photo ID along with a self-address stamped envelope to ensure delivery of your request. LaPorte County Health Department is not responsible for lost or undelivered mail sent via U.S. Postal Service.

LaPorte County Health Department

Sandra Deausy, MD
Health Officer

LaPorte Office Information / Michigan City Office Information
809 State St. – Suite 401 A / LaPorte, IN 46350
300 Washington St, Suite 106 / Michigan City, IN 46360
Phone: (219) 325-5563

Amanda Lahners, REHS/RS
Administrator

Number of Certificates: _____

CASH ONLY \$10.00 per certificate

**Birth Must Have Occurred 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)

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

OFFICE USE ONLY:

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

ADDRESS ON LICENSE: _____ SAME _____ OTHER: _____

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