

Marshall County Health Department

112 W. Jefferson Street, Room 103
Plymouth, Indiana 46563

No Personal Checks
\$5.00 Each Copy

Application for Birth Certificate

One Form of Identification Required

Warning: False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under I.C. 16-37-1-12

Please Complete All Information

Full Name at Birth _____

Could this be recorded under any other name?

If so, give that name _____

Date of Birth _____ City of Birth _____

Full Maiden Name of Mother _____

Full Name of Father _____

Birthplace of Mother _____ Birthplace of Father _____

State

State

How are you related to person whose record is requested? _____

Signature of Requestor _____

Address of Requestor _____

Telephone _____ Number of Certificates Requested _____

Date Requested _____