Marshall County Health Department

510 W Adams Street, GL-30 Plymouth, Indiana 46563

No Personal Checks Application for Birth Certificate

\$ 10.00 Each Copy

One Form of Identification Required

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

Please Complete All Information		
Full Name at BirthCould this	be recorded under any other name?	
If so, give that name	se reserved ander any earler name.	
Date of Birth	Oit of Diate	
Full Maiden Name of Mother		
Full Name of Father		
Birthplace of Mother	Birthplace of Father	
State		State
How are you related to person whose recor	d is requested?	
Signature of Requestor		
Address of Requestor		
Telephone	Number of Certificates Requested	
Date Requested		

NO PERSONAL CHECKS- MONEY ORDER OR CASH ONLY!!