

THE CITY OF EAST CHICAGO
DEPARTMENT OF PUBLIC & ENVIRONMENTAL HEALTH
100 W. CHICAGO AVENUE
EAST CHICAGO, IN 46312

WARNING: FALSE APPLICATION ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER I.C. 16-1-10-6.

BIRTH RECORDS ARE ONLY ISSUED TO THE INDIVIDUAL NAMED ON THE RECORD AND THEIR PARENTS, GUARDIANS, GRANDPARENTS, BROTHER, SISTER, SPOUSE OR CHILDREN, WITH VALID I.D. AND BIRTH CERTIFICATE. (INDIANA LAW I.C. 16-1-19-1) YOU MUST BE AT LEAST 18 YEARS OF AGE TO APPLY.

FULL NAME AT BIRTH _____

COULD THIS BIRTH BE RECORDED UNDER ANY OTHER NAME? YES _____ NO _____

IF SO, PLEASE GIVE NAME _____

DATE OF BIRTH _____ AGE AT LAST BIRTHDAY _____

PLACE OF BIRTH _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS REQUESTED: _____

*****WHEN SEEKING AN APOSTILLE SEAL YOU MUST OBTAIN THE LONG FORM BIRTH CERTIFICATE FROM THE STATE BOARD OF HEALTH SO THAT THE SECRETARY OF STATE CAN PUT THE APOSTILLE SEAL.*****

SIGNATURE OF APPLICANT _____ TODAYS DATE _____

ADDRESS OF APPLICANT _____

(CITY) (STATE) (ZIP) PHONE # _____

WE DO NOT ACCEPT CASH PAYMENTS OR PERSONAL CHECKS. PLEASE SUBMIT YOUR REQUEST ALONG WITH THE EXACT PAYMENT IN A MONEY ORDER OR CERT. CHECK MADE PAYABLE TO THE **EAST CHICAGO HEALTH DEPARTMENT.** **WE ALSO ACCEPT CREDIT CARDS.** FOR MAIL REQUESTS, PLEASE INCLUDE A SELF ADDRESS STAMPED ENVELOPE AND XEROX COPY OF IDENTIFICATION OF YOUR SELF, SUCH AS A DRIVERS LICENSE OR STATE I.D.

WE ONLY SELL A COMBO PACK \$12.00 _____ (REGULAR SIZE AND WALLET)

FOR VITAL RECORDS USE ONLY

ID _____ CERT.# _____