

Newton County Health Department

4117 S. 240 W. Suite 500

Morocco, IN 47963

219-285-2052

Fax: 219-285-0646

Application for Search of Birth Records

Birth and Death Records begin in 1882

***Please provide readable copy of photo ID (driver's license, ID card, etc.) with returned application.**

Full Name at Birth: _____

First

Middle

Last

Date of Birth: _____ Sex at Birth: Male _____ Female _____

(Month Day Year)

Could this birth be recorded under any other name? Yes _____ No _____

If YES, please list name(s) here: _____

Place of Birth (Street or Hospital): _____ County: NEWTON

Father's Name: _____

Mother's Name (Maiden): _____

Name of Applicant: _____ Phone Number: _____

Address: _____

Reason for Record Request: _____

Relationship (to person whose record is requested): _____

Applicant's Signature: _____

\$15.00 charge for each certified copy \$10.00 search fee if above information cannot be given

Payments: Cash, check, or money order to Newton County Health Department.

OFFICE USE ONLY

Number of copies requested: _____ Amount enclosed: _____

Certificate #: _____ Receipt #: _____ Date: _____