

NEWTON COUNTY HEALTH DEPARTMENT  
4117 S 240 W Suite 500  
MOROCCO, IN 47963  
219-285-2052  
[newtoncofd-vr@localhealth.in.gov](mailto:newtoncofd-vr@localhealth.in.gov)

**APPLICATION FOR SEARCH OF BIRTH RECORDS**  
BIRTH AND DEATH RECORDS BEGIN 1882

Print plainly and furnish all information possible.

GENEALOGY SEARCH \$10.00; REGULAR BIRTH CERTIFICATE: \$6.00

FULL NAME AT BIRTH                      FIRST                      MIDDLE                      LAST

\_\_\_\_\_  
PLACE OF BIRTH                      Street, RFD or Hospital                      City or Township                      County

\_\_\_\_\_  
DATE OF BIRTH    Month                      Day    Year    Sex    Male \_\_\_                      Female \_\_\_

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

If yes, please give name AFTER adoption: \_\_\_\_\_

Father's Name:    If adopted, give name of adoptive father:

\_\_\_\_\_  
Mother's Name and Maiden Name                      If adopted, give name of adoptive mother:

\_\_\_\_\_  
Proof of identification: Copy of driver's license or picture ID.

\_\_\_\_\_  
Signature of Applicant    Your relationship to person  
Name: (Signature) \_\_\_\_\_ whose birth record is requested: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for Request \_\_\_\_\_

Fees: Must be money order to cash to Newton County Health Department

Phone Number: \_\_\_\_\_ Total Fees \_\_\_\_\_ Total Cert. \_\_\_\_\_

OFFICE USE ONLY:

Certificate# \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_