# 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

<table>
<thead>
<tr>
<th>FULL NAME AT BIRTH</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>PLACE OF BIRTH</th>
<th>Street, RFD or Hospital</th>
<th>City or Township</th>
<th>County</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
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</table>

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 whose birth record is requested:
Name: (Signature) ____________________________

_______________________________________________________________________

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: ________________