



Vital Records

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OUT OF COUNTY/STATE BIRTH RECORD REQUEST

TO:

FEE:

PLEASE READ THIS FORM AND COMPLETE ALL ITEMS

PRINT OR TYPE

1. Full name at birth _____ Birthplace _____
If adopted give adopted name _____
2. Birthday _____ Age last birthday _____
Month Day Year
3. Father's full name _____
If adopted give adoptive father's name _____
4. Mother's Maiden Name _____
If adopted give adoptive mother's Maiden name _____
5. Birthplace of father _____ Birthplace of mother _____
6. Purpose for which this record is to be used _____

Signature & relationship to Item #1 (person)

Address

City/Town State Zip Code