ADOPTION HISTORY FEE TRANSMITTAL (IC 31-19-2-8(1))

State Form 27337 (R4 / 6-13)
Approved by State Board of Accounts, 2013
INDIANA STATE DEPARTMENT OF HEALTH

All records are confidential per IC 31-19-5-23. This form is used by the Clerk of Court's Office for collection of fee(s) for Adoption History. Fees are established by law IC 16-37-1-11.

INSTRUCTIONS: *The Clerk of Court Office will list each Adoption History fee of each petitioner individually along with, check/money order number, full cause number, name and mailing address. Checks/money orders must be made payable to the Indiana State Department of Health. Mail this form along with the fees to: Indiana State Department of Health Division Vital Records, 2 North Meridian Street, Indianapolis, IN 46204.*

Court Name	Date *(month, day, year)*
Completed By:	Telephone

Check / Money Order Number	**Cause Number** ***(List complete cause number.)***	**Name of Petitioner and Mailing Address** ***(number and street, city, state, and ZIP code)***

FOR OFFICE USE ONLY			
Received by:	Date received *(month, day, year)*		