APPLICATION FOR BIRTH CERTIFICATE

Warning; False application, altering, mutilating or counterfeiting Indiana Birth Certificates is a Criminal offense under ICV-16-1-19-G and IC 16-1-15-4

You **MUST** include or present the following with completed application:

1. Valid photo ID required (Copy driver's license, Military ID, Passport)
2. Payment: cash, certified check, money order, credit card
   No personal checks accepted
3. Stamped, self-addressed envelope (If you want the certificate(s) mailed to you)

Please Print Clearly

FULL NAME AT BIRTH:_____
First Middle Last

DATE OF BIRTH:_____

FATHER'S FULL NAME:_____

MOTHER'S FULL MAIDEN NAME:_____

YOUR ADDRESS:_____
City State Zip Code

EMAIL:_____ TELEPHONE:_____

YOUR SIGNATURE:_____

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS BEING REQUESTED _____ (Proof of relationship is required if you are requesting a certificate other than your own.)

NUMBER OF BIRTH CERTIFICATES REQUESTED _____@ $15.00 each

Warrick County Health Department
107 W. Locust St. Suite 204
Boonville, IN 47601
Telephone: 812-897-6105 Ext. 1 or 6
*****You can also order by telephone – call for instructions*****

Visa – Master Card – Discover
Name_____
Mailing Address_____
_____
Telephone Number (include area code)_____
Credit Card Number _____
Three Digit Security Code_____
Expiration Date_____
**A $3.00 convenience fee is added if birth certificate(s) charged to credit card. For your protection, credit card information is shredded when transaction is complete.