

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

You **MUST** include following if you mail application:

- *Copy of your ID (Valid Driver's license, Passport, Military ID)**
- *Money Order or Credit Card for payment**
- *Self-addressed stamped envelope**

BIRTH CERTIFICATES ARE \$15.00 FIRST CERTIFICATE
\$10.00 EACH ADDITIONAL CERTIFICATE FOR EACH BIRTH RECORD
(Personal Checks Are Not Accepted)

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

YOUR SIGNATURE: _____

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS BEING
REQUESTED _____ (You must provide proof of
relationship if you are requesting a certificate other than your own or your child's)

EMAIL: _____ TELEPHONE: _____

NUMBER OF BIRTH CERTIFICATES REQUESTED _____

Mail Request to: Warrick County Health Department
107 W. Locust St. Suite 204
Boonville, IN 47601
Telephone: 812-897-6105 Ext. 1 or 6

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 charged to credit card

**To protect your credit card information this document is shredded when transaction is complete

**To order by email please call for instructions

Warning; False application, altering, mutilating or counterfeiting Indiana Birth Certificates is a Criminal offense under IC 16-37-1-12 and IC 16-37-1-13