

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: _____

MOTHERS FULL MAIDEN NAME: _____

YOUR ADDRESS: _____
Street 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

3355 Liberty Blvd. Ste. A

Boonville, IN 47601

Telephone: (812) 897-6105 Ext. 1 or 6

You can order by emailing application, copy valid photo of ID, and payment to births@warrickcounty.gov or call for instructions.

Visa – MasterCard – 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) is charged to a credit card.

*** For your protection, credit card information is shredded when the transaction is complete.