

**WASHINGTON COUNTY HEALTH DEPARTMENT
VITAL STATISTICS**

ACCEPTABLE REQUIRED FORMS OF IDENTIFICATION TO OBTAIN A BIRTH CERTIFICATE

PRIMARY ACCEPTABLE IDENTIFICATION:

All Documents Must Be Current, Valid and Contain a Signature

VALID DRIVER'S LICENSE

MILITARY ID

STATE ID CARD

VALID PASSPORT

DEPARTMENT OF CORRECTION ID, ISSUED WITHIN PAST SIX MONTHS

SCHOOL ID, WITH SIGNATURE OR PHOTO

COURT ORDER

(MUST ORDER LOCAL HEALTH DEPT. TO RELEASE RECORD TO PERSON NAMED ON RECORD)

OR

SECONDARY DOCUMENTATION:

(If primary listed above is not available, send two or more documents from the below list.)

POLICE REPORT (FOR REPORTED STOLEN ID)

FIRE REPORT (FOR REPORTED ID DESTROYED BY FIRE)

EMPLOYMENT ID WITH SIGNATURE, PHOTO, DATE OF EMPLOYMENT OR EMPLOYER ADDRESS

COPIES OF SIGNED EMPLOYMENT APPLICATION

BANKCARD WITH SIGNATURE (NOT CREDIT CARDS)

OR PERSONAL CHECK WITH CURRENT INFORMATION

VOTER REGISTRATION CARD WITH SIGNATURE

VEHICLE REGISTRATION WITH SIGNATURE

PREVIOUS YEAR'S TAX RETURN WITH SIGNATURE AND SOCIAL SECURITY NUMBER

WELFARE, FOOD STAMP OR WIC ID CARDS

PROBATION DOCUMENTS OR STATEMENT

FROM PROBATION OFFICER ON LETTERHEAD,

INCLUDING PERSON'S NAME AND DATE OF BIRTH

LETTER FROM BMV OR SOCIAL SECURITY ADMINISTRATION THAT SHOWS

INDIVIDUALS NAME AND DATE OR BIRTH

CERTIFIED COPY OF MARRIAGE LICENSE

APPLICATION SHOWING INDIVIDUALS NAME, DATE OF BIRTH, PARENTS AND SIGNATURE

SIGNED LEASES OR LOAN AGREEMENTS

EXPIRED DRIVER'S LICENSE

CLUB MEMBERSHIP CARD WITH SIGNATURE OR PHOTO

GUN PERMIT WITH SIGNATURE

SOCIAL SECURITY CARD

Standard sided Birth Certificates - \$10.00 * Combination Certificates (1 standard and 1 Wallet) - \$15.00**

**PLEASE MAIL THE COMPLETED APPLICATION REQUEST FORM (BELOW) AND A SELF
ADDRESSED STAMPED ENVELOPE TO:**

WASHINGTON COUNTY HEALTH DEPARTMENT

806 MARTINSBURG ROAD - SUITE 100

SALEM, INDIANA 47167-5906

(812) 883-5603

BIRTH CERTIFICATE APPLICATION FORM

REQUEST FOR BIRTH CERTIFICATE INFORMATION

False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under Indiana Code 16-37-1-12.

To be completed by individual making a request to:

- 1) Inspect vital records or record;
- 2) Obtain a certified copy of a vital record. According to Indiana code 16-37-1-7 and 8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and **COMPLETE ALL ITEMS**.

State law also requires any applicant provide a telephone number and at least one (1) form of identification.

- 1. Full name at birth _____ Male _____ Female _____
- 2. Has this person been adopted? Yes _____ No _____ New name _____
- 3. Has name been changed? Yes _____ No _____ New name _____
- 4. Date of Birth _____ Age Now _____ Birthplace _____
- 5. Father's Full name _____
If adopted, give adoptive father's name _____
- 6. Mother's Full name (before marriage) _____
If adopted, give adoptive mother's name _____
- 7. Birthplace of father (state only) _____ Birthplace of mother (state only) _____
- 8. Your relationship to person whose birth record you are requesting? _____
- 9. Purpose for which record is to be used _____

Your name (Please Print) _____ Date: _____
 Your Signature _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

TOTAL CERTIFICATES REQUESTED _____

Standard sided Birth Certificates - \$10.00

Combination Certificates (1 standard and 1 Wallet)-\$15.00

NO PERSONAL CHECKS ACCEPTED

MAIL TO:

WASHINGTON COUNTY HEALTH DEPARTMENT
806 MARTINSBURG ROAD - SUITE 100
SALEM, INDIANA 47167-5906
(812) 883-5603 FAX (812) 883-5017

FOR LOCAL OFFICE USE _____

Filed _____	ID# _____	
Book Number _____	Drivers License _____	
Page Number _____	State Issued ID _____	Military ID _____
Entry Number _____	Employment ID _____	School ID _____
Date Issued _____	Passport _____	Other _____
Signature Clerk _____	Cash Received \$ _____	
	Fee Due \$ _____	
	Cash Returned \$ _____	