

Washington County Health Department
806 Martinsburg Road, Suite 100
Salem, Indiana 47167
812/883-5603 Fax: 812/883-5017

REQUEST FOR BIRTH RECORD INFORMATION

Birth Records begin 1882

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

To be completed by individual making a request to: 1) Inspect vital records or record; 2) Obtain a certificate 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. Acceptable forms of ID: Driver's License, State Issued Identification, Military Identification, Employment Identification, School Identification, or Passport.

NO PERSONAL CHECKS ACCEPTED. Fee: \$15.00 (includes one wallet and one standard size); \$10.00 (includes one standard size).

1. Full name at birth: _____ Gender: M ___ F ___
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 records you are requesting? _____
9. Purpose for which record is to be used _____

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

FOR LOCAL OFFICE USE

Filed _____	ID# _____
Book Number _____	Driver's License _____ State Issued ID _____
Page Number _____	Military ID _____ School ID _____
Entry Number _____	Employment ID _____ Passport _____
Date Issued _____	Other _____
Signature of Clerk _____	
Cash Rec'd \$ _____	
Fee Due \$ _____	
Cash Returned \$ _____	