

Jefferson County Health Department
715 Green Road, Madison Indiana 47250
Phone (812)273-1942 Fax (812)273-1955

Application for Birth Certificate

YOU MUST BE 18 YEARS OR OLDER TO APPLY FOR A BIRTH CERTIFICATE, YOUR MUST PRESENT I.D. ON YOURSELF TO OBTAIN BIRTH CERTIFICATE. WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificate is a **Criminal Offense** under I.C. 16-4-1-19.6. NOTICE: Legitimate birth records are issued **ONLY** to the **INDIVIDUAL NAMED ON THE RECORD AND THEIR PARENTS, LEGAL GUARDIAN** (guardianship papers must be presented), **GRANDPARENTS, BROTHERS AND SISTERS, SPOUSE OR CHILDREN.** The certificate of a child **BORN OUT OF WEDLOCK** can be issued **ONLY** to the **MOTHER OF THE CHILD or FATHER (if his name is on the birth record)**

PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED.

Full Name at Birth _____

Date of Birth _____ Age _____

Your Relationship to above person _____

Place of Birth _____

Were Mother and Father married at the time of this birth? Yes _____ No _____

Full Name of Father _____
(If adopted, give adoptive father's name)

Full Name of Mother (including maiden name) _____
(If adopted, give adoptive mother's name)

Could birth be recorded under any other name? _____ If yes, give name _____

If adopted, give name AFTER adoption _____

Reason birth certificate is needed _____

Applicant's Signature _____ Phone No. _____

Applicant's Address _____

Number Requested: Regular Size (\$10.00) _____ Wallet Size (\$10.00) _____
(includes protective pouch) (includes protective pouch)

IF YOU ARE MAILING YOUR REQUEST – Please enclose a self-addressed stamped return envelope.
PERSONAL CHECKS, CASH OR MONEY ORDERS ONLY!! You **MUST** enclose a zerox copy of Identification with signature (i.e. a copy of your drivers license &/or a copy of your social security card)

FOR OFFICE USE ONLY: Volume _____ Cert. # _____ Local # _____
Filed _____ Date _____ Initials _____