

CLARK COUNTY HEALTH DEPARTMENT
1320 Duncan Ave.
Jeffersonville, IN 47130 – **Phone #** (812-282-7521)

***Application** for Search and Certified
Copy of Birth Record

Include **\$10.00 Fee each**, and Self
Addressed Stamped Envelope.

***ID Required** (Of Applicant)

In accordance with State Law
IC 16-1-18 all request for Birth

By Mail: You may send a photo copy of
One of the following: Personal ID, Signed
Driver's License, or Military ID.

Certificates must include information
requested below. A copy of this
request must be kept on file.

PLEASE PRINT (False application is a criminal offense under IC-1-19-6)

Full name at Birth _____

Could this birth be recorded in any other name? Yes ____ No ____

If yes, Please give name _____

Has this person ever been adopted? Yes _____ No _____

If yes, Please give name after adoption _____

Place of Birth: City _____ County _____

Date of Birth _____ Age _____

Full name of Father: _____ Birthplace _____
(If adopted, give name of adoptive father)

Full name of Mother: _____ Birthplace _____
Maiden (If adopted, give name of adoptive mother)

Purpose for which record is to be used: _____

Your relationship to person whose birth record is requested: _____

Signature of Applicant _____

Mailing Address _____

City and State _____ Zip _____

Phone number: _____

Total Certificates _____ Total Fees _____