

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

THIS OFFICE HAS CLARK COUNTY RECORDS ONLY

WARNING: False applications, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC 16-37-1-12

INSTRUCTIONS:

*Please complete all items below by printing clearly.

*To obtain a certified copy of a birth record you must show you have direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8

- Checks or money orders must be made payable to **Clark County Health Department**.
- **Mail Copy of Valid State/Federal Photo ID, Self Addressed Stamped Envelope & Application to:**
Clark County Health Department, Attn: Vital Records, 1201 Wall St. Jeffersonville, IN 47130

1. Full name at Birth:		2. Date of Birth:	
3. Place of Birth: City		County:	
4. Full name of Father:	Father's State of Birth:	5. Full Name of Mother before marriage:	Mother's State of Birth:
6. Has this person been adopted? Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Has name been legally changed? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. If yes, new name:	
9. Relationship to person named on certificate. (Check only one box.)			
<input type="checkbox"/> Person named on the record and over 18		<input type="checkbox"/> Parent (s) of person named on the record.	
<input type="checkbox"/> Spouse of person named on the record. (Please include a copy of your marriage license to prove relationship.)		<input type="checkbox"/> Sibling over 21, of person named on the record. (Please include a photocopy of your own birth certificate to prove relationship if you were not born in Clark County.)	
<input type="checkbox"/> Legal Guardian of person named on the record. (Please include original legal guardianship papers with raised court seal.)		<input type="checkbox"/> Adult child of the person named on the record. (Please include a photocopy of your own birth certificate to prove relationship if you were not born in Clark County.)	

Purpose for which record is to be used (Please Circle): School/College Enrollment Insurance Travel Employment Social Security License/Permit Public Assistance Personal Use Retirement/Pension Marriage License

Applicant Information (Person applying for this certificate)

Name: _____

Address: _____

City/State/Zip: _____ Phone Number _____

I hereby swear and affirm the above statements are true and correct.

Signature of Applicant _____

Date: _____

Full Size Birth Certificate	Quantity	Price	Total Amount
		\$12.00	

*****FOR OFFICE USE ONLY*****

DRIVER'S LICENSE STATE or Other Form of ID: _____

Birth Certificate#: _____ Date: _____ Initials: _____