



# Parke County Health Department

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## *Birth Certificate Application*

*(Please Print Clearly)*

Revised 03-17-2023

YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. CERTIFICATES WILL NOT BE ISSUED IF FULL PAYMENT HAS NOT BEEN RECEIVED. Certificates are \$15.00 each. We accept Cash, Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying by card, please complete page 5 before submitting the completed application. IF SENT BY MAIL, A PRE-STAMPED AND ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION. If an envelope is not included with application, the certificate will be available at the Health Department during regular business hours.

**FALSE APPLICATION, ALTERING, MUTILATION, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A LEVEL 6 FELONY.**

**Indiana Code 16-37-1-12**

**All Requests REQUIRE proper identification and proof of relationship to the person whose record is requested.**

**Indiana Code 410 IAC 18-3-2**

**Please see pages 3&4 for list of Relationship / ID Requirements**

If you have any questions, feel free to call the Parke County Registrar at 765-569-6665.

Received by: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Cert#: \_\_\_\_\_

# Application for Certified Birth Certificate

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Full Name at Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Has name been legally changed (other than marriage)?    Yes                  No                  Adopted

Other name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Purpose for which record is to be used: \_\_\_\_\_

Relationship (i.e. Self, Mother, Father...): \_\_\_\_\_

Name of Applicant (Printed): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mailing Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work/Daytime Phone Number: \_\_\_\_\_

**Certified Birth Certificates are \$15.00 each.**

Number of Certified Copies: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**OFFICE USE ONLY**

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Driver's License/State ID # \_\_\_\_\_ Passport# \_\_\_\_\_ Military ID \_\_\_\_\_

Veterans ID# \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

## Per Indiana Code 16-37-1-10 & 11, 11.5C

### Requirements for birth & death certificates

ID required To Get a Certificate:  One valid Primary Document Or Two Secondary Documents	Who's Eligible to Obtain a Birth Certificate?  ***SEE BACKSIDE FOR RELATIONSHIP REQUIREMENTS***	Amish ID Requirement to purchase a Certificate  ***Must Provide 2 Items***
<p><b>One form of Primary Picture Documentation</b> All documents <b>MUST</b> be current and <b>VALID</b></p> <ul style="list-style-type: none"> <li>Government Issued Driver's License/State I.D. <b>**Address listed must match shipping address**</b></li> <li>Military I.D.</li> <li>US or Foreign Passport</li> <li>Department of Corrections I.D. Card or Printout that includes picture</li> <li>College School I.D. w/ proof of current enrollment</li> <li>Work I.D. w/ name of company listed <b>(must be currently employed)</b></li> <li>Veterans I.D.</li> <li><b>(Green)</b> Mexico Consular I.D.</li> </ul> <p><b>If you do not have primary picture documentation above, <u>Two forms of Secondary Documentation</u> is required, if applicable the document must list current address</b></p> <ul style="list-style-type: none"> <li>Verification of Employment on letter head including date of employment, employee's address and managers name and signature</li> <li>Voter Registration with signature</li> <li>Vehicle Registration with signature <b>(no titles)</b></li> <li>Previous year's tax return <b>(1040)</b> with signature and social security number</li> <li>Probation documents or statement from Probation Officer on letterhead, including person's name and date of birth w/signature</li> <li>Signed Warranty Deed or Current Lease/Rental Agreement <b>(Must show address and signature of applicant)</b></li> <li>Signed Social Security card</li> <li>Military Discharge <b>(DD-214)</b></li> <li><b>Indiana only</b> Gun permit with signature</li> <li><b>Indiana only</b> Professional License with signature</li> </ul>	<ul style="list-style-type: none"> <li>The individual named on record; 18 yrs or older</li> <li>Parents of individual named on certificate <b>(must be listed on record)</b></li> <li>Grandparents <b>(must be parent of a parent listed on the record &amp; show proof of relationship)</b></li> <li>Sibling, 18 yrs or older of individual named on certificate <b>(must show proof of relationship)</b></li> <li>Child or Grandchild, 18 yrs or older of individual named on certificate <b>(must show proof of relationship)</b></li> <li><b>Current</b> Spouse of individual named on certificate <b>(must show proof of marriage)</b></li> <li>Aunt or Uncle of individual named on certificate <b>(must show proof of relationship)</b></li> <li>Court Appointed Legal Guardian <b>(must have I.D. and provide guardianship papers with seal)</b></li> <li>Attorney representing person named on record <b>(must have I.D. for self with direct interest spelled out on letter head or court documents)</b></li> <li>State and Federal Agencies <b>(must have work I.D. with direct interest spelled out on letter head, court documents or signed authorization from client)</b></li> <li>Social Agency <b>(must have work I.D. with court documents or signed authorization from client)</b></li> <li>Step-parent <b>(must have I.D. with valid marriage certificate)</b></li> <li>Genealogy <b>(must be over 75 years old and deceased) **Must show proof of death**</b></li> </ul>	<ul style="list-style-type: none"> <li>Non-Photo I.D.</li> <li>Baptismal Certificate</li> <li>Marriage Certificate</li> <li>Social Security Card</li> <li>School Records</li> </ul>
		<p style="text-align: center;"><b>Who's Eligible to Obtain a Death Certificate?</b></p> <p style="text-align: center;"><b>Must provide I.D. and possible proof of direct interest</b></p>

Documentation to verify relationship to individual is needed for birth certificate orders (Per 410 IAC 18-3-1)

Acceptable Documentation

I would like to obtain a copy of:

- My own- Primary Documentation Only
- My child's- Primary Documentation Only
- My mother/father- Primary Documentation along with a copy of your birth certificate
- My grandchild's- Primary Documentation along w/ Mother or Father's Birth certificate naming Grandparent
- My brother/sister- Primary Documentation along w/birth certificate naming same parent(s)
- My nephew/niece's- Primary Documentation along w/ birth certificate of parent and self
- My spouse- Primary Documentation along w/ valid marriage license or certificate
- My grandparent's- Primary Documentation along w/ birth certificate of self and parent
- Genealogy- Primary Documentation along w/ proof of death

## Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a Convenience Fee of \$1.00 + 1.99%. Please complete fully

I, \_\_\_\_\_ **[printed name]** authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after \_\_\_\_\_ **[date]**.

**Signature** \_\_\_\_\_

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Office Use Only

OTC Local Reference ID #: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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### Please Fill Out Card Information

Account Type (Choose One):       Visa       MasterCard       Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (3 Digit): \_\_\_\_\_