

RANDOLPH COUNTY HEALTH DEPARTMENT

325 S. Oak Street, Suite 202
Winchester, IN 47394
765-584-1155 Ext. 10

BIRTH CERTIFICATE APPLICATION FOR BIRTHS OCCURRING ONLY IN RANDOLPH COUNTY, IN

- \$10.00 per certified copy Number of certificates desired _____
- Check or Money Order are accepted
- Copy of your identification – preferably a **DRIVER'S LICENSE**
- **Please include a self-addressed, stamped envelope**

PLEASE COMPLETE APPLICATION – INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

1. Full name at birth _____
New name if changed through adoption or paternity
2. Date of Birth ____/____/____
3. City of Birth _____
4. Mother's full name BEFORE marriage _____
5. Mother's STATE of birth _____
6. Father's full name _____
7. Father's STATE of birth _____

Indiana Law requires the following:

8. Purpose for which the records is needed _____
9. If you are not this person, how are you related _____

Applicant Print Name _____

Signature of Applicant _____ Phone (____) ____ - _____

Address _____ City _____ State ____ Zip _____

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENCE UNDER IC 16-1-19-6.

Book _____ Page _____ File Date _____ Certificate # _____

Receipt # _____ Date _____ Check # _____ Driver's License (____) _____