

**Clinton County Health Department  
Vital Records**

1234 Rossville Ave.  
Frankfort, IN 46041  
765-659-6385 ext 1304  
Email: vitalrecords@clintoncountyin.gov



CLINTON COUNTY  
HEALTH DEPARTMENT

# Application for Certified Birth Certificate

**Clinton County Health Department can only issue records that occurred in Indiana**

**Individual Named on Birth Record:** (This is whose record you are requesting)

**FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **LAST NAME (MAIDEN NAME)** \_\_\_\_\_

Date of Birth \_\_\_\_\_ **MALE**  or **FEMALE**  **Number of Copies** \_\_\_\_\_

**County of Birth:** \_\_\_\_\_ **State of Birth:** Indiana

**Parent #1 Full Name at Birth** \_\_\_\_\_  
FIRST MIDDLE (Maiden Name for Verification)

**Parent #2 Full Name at Birth** \_\_\_\_\_  
FIRST MIDDLE (Maiden Name for Verification)

**WHO ARE YOU?** **State:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

<b>Please Check One</b>	<b>Relationship</b>	<b>Documentation</b>
<input type="checkbox"/>	I am getting my own birth certificate	Please Provide Your ID
<input type="checkbox"/>	I am the Mother	Please Provide Your ID
<input type="checkbox"/>	I am the Father	Please Provide Your ID
<input type="checkbox"/>	I am the Grandmother or Grandfather	Please Provide Your ID & Birth Certificate of Your Child
<input type="checkbox"/>	I am the Guardian	Please Provide Your ID & Guardianship Papers
<input type="checkbox"/>	I am the Brother or Sister	Please Provide Your ID & Your Birth Certificate
<input type="checkbox"/>	I am the Son or Daughter	Please Provide Your ID & Your Birth Certificate
<input type="checkbox"/>	I am the Husband or Wife	Please Provide Your ID & Proof of Marriage

**If this is not you, you cannot obtain a birth certificate for someone else!**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Certified Birth Certificates are \$15.00 each, sleeve included.**

**We accept Cash, Credit Cards, Local Checks, Cashier Check or Money order**

- Completion of this form
- Legible photocopy of requestor's identification
- Cash, Cashier's check, or money order made payable to Clinton Co Health Department

**WARNING: False application, altering, mutilating, counterfeiting Indiana birth certificates is a criminal offense under IC16-1-19-G & IC16-1-15-4**

## Required Document Form

**Clinton County Health Department**  
**Vital Records**  
1234 Rossville Ave.  
Frankfort, IN 46041



**CLINTON COUNTY**  
**HEALTH DEPARTMENT**

### **Acceptable Identification required To Get a Certificate:**

You need **ONE form of Primary Documentation**. Documents **MUST** be current and Valid.  
No Paper/Temporary IDs.

- Driver's License
- State ID Card
- Military ID with Signature
- Passport
- Consular ID card
- Department of Correction ID (issued within past 6 months)

If you do not have primary documentation, **TWO forms of Secondary Documentation** are required.

- Social Security Card
- Marriage Application/License certified copy
- Expired Driver's License
- Valid Bankcard with Signature (NO CREDIT CARD)
- Health Insurance card with Name (includes Hoosier Healthwise)
- Valid Indiana Gun Permit or hunting license with signature
- Valid Indiana Professional License ex: nursing license
- Employee ID with printed name and photo
- TANF, Food Stamps or WIC ID cards with signature

### **Who's Eligible to Obtain a Certificate:**

- **Individual** – with acceptable identification only.
- **Parent listed on record**- with acceptable identification only
- **Grandparents**-with Identification along with Mother or Father's Birth certificate naming Grandparent
- **Legal Guardian**- with Identification and current guardianship papers
- **Brother/Sister**- With Identification and birth certificate naming same parents
- **Spouse**- with Identification along with valid marriage certificate

**WARNING: False application, altering, mutilating, counterfeiting Indiana birth certificates is a criminal offense under IC16-1-19-G & IC16-1-15-4**