Franklin County Health Department
1010 Franklin Avenue, Suite 210
Brookville, IN 47012
Phone: 765-647-4322
Fax: 765-647-5248
Email: health@franklincounty.in.gov

BIRTH CERTIFICATE APPLICATION

$20.00 FOR EACH CERTIFIED BIRTH CERTIFICATE REQUESTED

Please print. This form must be filled out completely or it will be returned.

Full Name at Birth: _____

Date of Birth: _____ Place of Birth: _____

Full Name of Father: _____

Full Name of Mother: _____
(Include Maiden Name)

Purpose for which this record is to be used: _____

_____

Relationship to person whose record you are requesting: _____

Your Name: _____

Your Signature: _____

Your Address: _____

_____

Daytime Phone: _____

Date: _____

COPY OF A PHOTO I.D. IS REQUIRED FROM PERSON REQUESTING CERTIFICATE.
FOR MAIL REQUESTS, *PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.*
FILL IN FORM COMPLETELY AND LEGIBLY. *CHECK OR MONEY ORDER ACCEPTED FOR MAIL ORDERS.*

FOR OFFICE USE ONLY

Book #: _____   Page#: _____   Filed: _____

Certificate #: _____   Receipt #: _____