



# HARRISON COUNTY HEALTH DEPARTMENT

241 ATWOOD STREET, SUITE 200; CORYDON, INDIANA 47112

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[WWW.HARRISONCOUNTYHEALTH.COM](http://WWW.HARRISONCOUNTYHEALTH.COM)

*Birth and death records in Indiana are available from **February 1, 1882** to present. No records prior to this date are available from this Health Department.*

WARNING: False application, altering, mutilating or counterfeiting Indiana birth certificates is a Class A misdemeanor under IC 16-37-1-12. All applicants must provide at least one form of acceptable identification per IC 16-37-1-8, such as a driver's license, government-issued picture ID, etc. **We have birth certificates for people born in Harrison County, Indiana ONLY.**

1. Full name <b>at birth</b> (of person whose birth certificate you want):  _____		2. Date of birth (of person in Box 1):  _____	
First                      Middle                      Last			
3. Has this person been adopted? YES _____ NO _____		4. New name after adoption:  _____	
6. Full name of father (of person in Box 1):  _____		7. Full <u>MAIDEN</u> name of mother (of person in Box 1):  _____	
First                      Middle                      Last		First                      Middle                      Last (Maiden)	
8. Birthplace of father (state):  _____		9. Birthplace of mother (state):  _____	
10. Are you the person named in Box 1? YES _____ NO _____		11. If not, what is your relationship to that person?  _____	
12. Purpose for which record is to be used: (examples: travel, school, retirement, license...)		13. Print <u>your</u> current legal name (because you are the person requesting this record)	
14. Your phone number		15. Your signature	
16. Your street address		17. Your city, state, zip	
<b>Fee is \$10.00 per certified certificate.</b>  Number of copies needed: _____		e-mail address (we may need to contact you if you order older records by mail)	

If ordering by mail, please include:

- A stamped, self-addressed envelope
- Picture ID of person requesting this record

- \$10.00 for each birth certificate you want. Make check payable to *Harrison County Health Department.*

For office use only:

No.	Book:	Page:	Clerk / Date:
Cert #:	ID #	Expires:	