

## Mail back to: HARRISON COUNTY HEALTH DEPARTMENT

VITAL RECORDS, 241 ATWOOD STREET, SUITE 200; CORYDON, INDIANA 47112
PHONE (812) 738-3237 — FAX (812) 738-4292

WWW.HARRISONCOUNTYHEALTH.COM

Birth and death records in Indiana are available from <u>February 1, 1882</u> 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 at birth (of person whose birth certificate you want):  |          |      |  | 2. Date of bir | th (of person in Box 1): |
|--|----------|------|--|----------------|--------------------------|
| First Middle Last  |          |      |  |                |                          |
| 3. Has this person been adopted?  4. New name  |          |      |  | option:        |                          |
| YES NO   |          |      |  |                |                          |
| 6. Full name of father (of person in Box 1):   |          |      | 7. Full MAIDEN 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?   |          |      | 11. If not, what is your relationship to that person?  |                |                          |
| YES NO  12. Purpose for which record is to be used: (examples: travel, school, retirement, license)                        |          |      | 13. Print your 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  |                |                          |
| Fee is \$12.00 per certified certificate.  Number of copies needed:  |          | ite. | 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, |          |      | \$12.00 for each birth certificate you want.  Make check payable to <i>Harrison County Health Department</i> . |                |                          |
| For office use only:  No.  | Book:    | 1    | Page:  | T              | Clerk / Date:            |
| No.  Cert #:   | ID#      |      | rage.  |                | Expires:                 |
|  | <u>"</u> |      |  |                | r                        |