



Public Health
Prevent. Promote. Protect.

**PULASKI COUNTY HEALTH DEPARTMENT
125 SOUTH RIVERSIDE DRIVE SUITE # 205
WINAMAC, INDIANA 46996
PHONE (574) 946-6080
FAX (574) 946-6654**

APPLICATION FOR CERTIFIED COPY OF BIRTH

WARNING FALSE APPLICATION, ALTERING, MUTILATING OR COUNTERFEITING INDIANA BIRTH CERTIFICATE IS A CRIMINAL OFFENCE UNDER IC 16-1-1-19-6. EFFECTIVE JULY 1, 1988, **INDIANA LAW REQUIRES EACH APPLICANT TO SHOW AT LEAST ONE FORM OF IDENTIFICATION. IF SUBMITTING BY MAIL A XEROX COPY OF A VALID DRIVERS LICENSE WILL BE ACCEPTED AS IDENTIFICATION.**

HAS PERSON EVER BEEN ADOPTED? _____ IF YES GIVE ADOPTIVE NAME: _____

FULL NAME AT BIRTH: _____

(ADOPTIVE BIRTHS GIVE BIOLOGICAL BIRTH NAME IF KNOWN)

CITY OF _____

BIRTH: _____ COUNTY: **PULASKI**

DATE OF BIRTH: _____ CURRENT AGE: _____

FULL NAME OF FATHER: _____

FULL MAIDEN NAME OF MOTHER: _____

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

(I.D., JOB, TRAVEL, SOCIAL SECURITY, ECT.)

YOUR RELATIONSHIP TO WHOSE RECORD IS REQUESTED: _____

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SIGNATURE: _____ DL# _____ EXP .DATE: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY,STATE,ZIP: _____

PAYMENT ACCEPTED: CASH, CHECK OR MONEY ORDERS. **(DEBIT AND CREDIT CARDS NOT ACCEPTED)**

BIRTH CERTIFICATE COST: **\$15.00 PER CERTIFICATE:** NUMBER NEEDED: _____

OFFICE USE ONLY:

CERTIFICATE NUMBER : _____

ISSUED BY : _____