

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

CERTIFIED COPY OF BIRTH CERTIFICATE REQUEST FORM

UNDER INDIANA CODE 16-1-1-19-6 FALSELY APPLYING FOR, ALTERING, MUTILATING, OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE IS A CRIMINAL OFFENSE.

EACH APPLICANT MUST SHOW AT LEAST ONE FORM OF IDENTIFICATION.

IF SUBMITTING OTHER THAN IN – PERSON, A COPY OF A VALID DRIVER LICENSE WILL BE ACCEPTED.

\$15 / CERTIFICATE PAYABLE BY CASH – CHECK – MONEY ORDER – CREDIT/DEBIT CARD

PAYMENTS MADE VIA CARD WILL INCLUDE 3% FEE

FULL NAME AT BIRTH:

IF PERSON HAS EVER BEEN ADOPTED, FULL NAME AFTER ADOPTION:

CITY OF BIRTH:

COUNTY:

DATE OF BIRTH:

CURRENT AGE:

FULL NAME OF PARENT 1: IF ADOPTED, GIVE NAME OF ADOPTED PARENT

FULL NAME OF PARENT 2, INCLUDING MAIDEN NAME: IF ADOPTED, GIVE NAME OF ADOPTED PARENT

PURPOSE FOR WHICH RECORD IS TO BE USED: (IDENTIFICATION, JOB, TRAVEL, SOCIAL SECURITY, ETC.)

APPLICANT RELATIONSHIP TO INDIVIDUAL NAMED ON REQUESTED CERTIFICATE:

NUMBER OF COPIES REQUESTED:

DRIVER LICENSE #

EXPIRATION DATE:

TELEPHONE #:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PRINTED NAME:

SIGNATURE:

DATE:

THE BELOW INFORMATION IS TO BE FILLED OUT BY THE HEALTH DEPARTMENT

CERTIFICATE NO(S):

ISSUED BY:

PAYMENT:

CASH

CHECK #

MONEY ORDER #

CREDIT/DEBIT TX #

(574) 946 – 6080

(219) 567 – 2175

125 S Riverside Drive – Winamac, IN 46996

101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/