



Public Health

**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:

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:

ISSUED BY : _____