



**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:** \_\_\_\_\_

=====

**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 :** \_\_\_\_\_