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Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transaction#\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_ Tender: CHG CHK Cash

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

8TH FLOOR COUNTY-CITY BUILDING, 227 WEST JEFFERSON BOULEVARD

SOUTH BEND, INDIANA 46601-1870

**PHONE:** 574-235-9639 - **FAX:** 574-235-9960

**APPLICATION FOR CERTIFIED BIRTH CERTIFICATE**

**Forms of Payment**

**IN-OFFICE REQUESTS:** Cash, Visa, MasterCard, Discover, Money Order/Cashier’s Check*(made payable to St. Joseph County Department of Health)*

**ON-LINE:** Visit [**www.sjcindiana.com**](http://www.sjcindiana.com) to pay with Visa, MasterCard, or Discover

**MAIL:** Money Order/Cashier’s Check *(made payable to St. Joseph County Department of Health)*

**NO PERSONAL CHECKS ACCEPTED**

 **UPS NEXT DAY DELIVERY:** Visit [**www.VitalChek.com**](http://www.VitalChek.com)**.**

Office Use Only

**Regular Size \_\_\_\_\_x $15.00 each Wallet Size \_\_\_\_\_x $15.00 each**

**1.** Name on birth record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3**. Place of birth (City or Hospital):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Purpose for record: \_\_Personal \_\_Passport \_\_Apostille \_\_CDL License \_\_Other: \_\_Identification

**5.** Parent 1: Full name (including MAIDEN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent 2: Full name (including MAIDEN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** Referring to **LINE 1**, could this record be under any other name? [ ]  No [ ]  Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.** Referring to **LINE 1**, is this person deceased? [ ]  No [ ]  Yes

**8.**  **YOUR** relationship to person named on **LINE 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Signature of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10**. Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11.** City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12**. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🡺 🡺 🡺 IDENTIFICATION IS REQUIRED 🡸 🡸 🡸**

**Mail a copy of the applicant’s identification along with this request.**

**WARNING:** False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under Indiana Code 16-37-1-12.