



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

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH
 Prevent. Promote. Protect.

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 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.

Date: _____ Transaction# _____
 Amount: _____ Tender: CHG CHK Cash

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.