**WASHINGTON COUNTY HEALTH DEPARTMENT IF ORDERING BY MAIL PLEASE INCLUDE:**

806 Martinsburg Road, Suite 100 A stamped, self-addressed envelope

Salem, IN 47167 Signature ID of person requesting this record

812-883-5603 $10.00 for each birth certificate requested

FAX: 812-883-5017 [**www.washingtoncounty.in.gov**](http://www.washingtoncounty.in.gov)

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**REQUEST FOR BIRTH RECORD INFORMATION**

Birth Records begin 1882.

*No records prior to this date are available. We have birth certificates for people born in Washington County, Indiana ONLY.*

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

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

To be completed by individual making a request to: 1) Inspect vital records or record; 2) Obtain a certified copy of a vital record. According to Indiana Code 16-37-1-7 and 8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and COMPLETE ALL ITEMS. State law also requires any applicant provide a telephone number and at least one (1) form of identification. Acceptable forms of ID: Driver’s License, State Issued Identification, Military Identification, Employment Identification, Employment Identification, School Identification, or Passport.

**NO PERSONAL CHECKS ACCEPTED**. Fee: $10.00 (includes one standard size).

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Full name at birth of person whose birth certificate you are requesting:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Middle Last | 2. Date-of-Birth (MMDDYYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. Gender Male Female | 4. Age:**\_\_\_\_\_\_\_\_\_\_** |
| 3. Has this person been adopted or name changed by court order?  Yes No | 4. New name after adoption or court order:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_First Middle Last |
| 5. Full name of father (or adoptive parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Middle Last | 6. Full Maiden name of mother (or adoptive parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Middle Last |
| 7. Birthplace of Father: (State)  | 8. Birthplace of Mother: (State)  |
| 9. Are you the person named in # 1? Yes No  | 10. If not, what is your relationship?  |
| 11. Purpose for which record is to be used:  | 12. Print your current legal name:  |
| 13. Your phone number:   | 14. Your Signature: |
| 15. Your Address:  | Your city, state, zip code |
|  Fee is $10.00 per certified certificate. Number of copies needed: Date Requested:  | E-mail address (we may need to contact you if you order older records by mail). |

**FOR LOCAL OFFICE USE ONLY**

Filed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers’ License\_\_\_\_\_\_\_\_\_\_ State Issued ID \_\_\_\_\_\_\_\_\_\_\_

Page Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Military ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment ID\_\_\_\_\_\_\_\_\_\_ Passport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Clerk\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cash Received $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Due $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Returned $\_\_\_\_\_\_\_\_\_