

WHITE COUNTY HEALTH DEPARTMENT • VITAL RECORDS

902 FOXWOOD COURT • P.O. BOX 838 • MONTICELLO, IN. 47960 PHONE (574) 583-8254 • FAX (574) 583-1513

healthdept2@whitecountyindiana.us • www.in.gov/localhealth/whitecounty/

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Warning: False application, altering, mutilation or counterfeiting certified copies of birth certificates is a criminal offense (I.C. 16-37-1-12).

COMPLETE ALL INFORMATION BELOW:			15.00/copy	Number of Copies:
Full Name at Birth				
	(First)	(Middle)		(Last)
Could this record be un	nder any other name? Yes_	No	_	
If yes, ple	ase provide name			
Has this person ever be	een adopted? Yes No			
If yes, ple	ase provide name after add	ption		
Date of Birth	Place of Birt	n		
Father's Full Name				
	(If adopted, please provide name of adoptive Father)			
Mother's Full Name				
		olease provide n	ame of adoptive	Mother)
Mother's	Maiden Name			
Reason for requesting t	he record			
Your name			Relationship	D
Mailing Address				
	z			
Applicant's Signature _				Date

<u>VALID IDENTIFICATION REQUIRED</u> – Send a photocopy of the applicant's driver's license, government issued photo ID, passport or military ID.

Cash, personal check, cashier's check & money order accepted.

Payable to: White County Health Department

Credit/debit card payments can be taken over the phone at (574) 583-8254. (WCHD is not responsible for cash payments sent by mail.)

Mail the completed application, any required documentation, photocopy of a valid ID & payment to:

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Certified birth certificates will be sent out by mail after the completed application, photocopy of a valid state/government issued ID & payment have been received. Birth certificates will be mailed to the address provided on the application.

If the applicant is **not** the subject listed on the record, or one of the parents listed on the record, additional documentation will be required to obtain the record.

Relationship to the record:

I am getting my own birth certificate - provide a valid photo ID

I am the Mother listed on the record – provide a valid photo ID

I am the Father listed on the record – provide a valid photo ID

I am the Grandparent – provide a valid photo ID & birth certificate of **your** child (one of the parents listed on the requested birth record)

I am the Legal Guardian – provide a valid photo ID & court-issued guardianship papers

I am the Brother / Sister – provide a valid photo ID & your birth certificate

I am the Son / Daughter – provide a valid photo ID & your birth certificate

I am the Husband / Wife – provide a valid photo ID & legal proof of marriage

Additional information on obtaining Vital Records outside of the relationships listed above can be found here: https://www.in.gov/health/vital-records/birth-information/who-can-obtain-a-birth-certificate/

Questions may be directed to the White County Vital Records Registrar at: (574) 583-4025 or healthdept2@whitecountyindiana.us