



Hendricks County Birth Certificate Application



IDENTIFICATION IS REQUIRED per IC 16-37-1-7. Please present your driver's license or state ID and the driver's license or state ID for signatory to any checks submitted for payment. Please speak to the Registrar to determine other acceptable forms of identification.

Mailed applications must include a notarized signature and may be sent with a photocopy of all identification for the applicant and the check signatory to Hendricks County Health Department, 355 South Washington St. #210, Danville, IN 46122.

Please call (317) 718-6022 with any questions.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE

Full name at birth: _____ Date of birth: _____

Have any changes been made to this person's name (excluding marriage)? YES NO

If YES, give the full name after the change was made: _____

Place of birth: CLARIAN WEST HENDRICKS REGIONAL HEALTH HOME BIRTH

Mother's full maiden name: _____ State of birth: _____

Father's full name: _____ State of birth: _____

Applicant's relationship to this person: SELF PARENT OTHER: _____

Purpose for which record will be used: DRIVER'S LICENSE SCHOOL/DAYCARE SPORTS WORK
MEDICAL/INSURANCE TRAVEL/PASSPORT PERSONAL RECORD OTHER: _____

Applicant's mailing address: _____

Applicant's daytime phone number: _____

Applicant's driver's license or ID number and expiration date: _____

If alternate identification is being used, at least two forms should be presented. Please state which alternate forms of identification are being used:

Please select the size and quantity of the record(s) to be purchased. Certified birth certificates are \$5.00 and payable by cash, check, or money order. Please note that they will not be laminated.

Standard (8 1/2 x 5 1/2) _____ \$5.00 each Wallet (2 1/2 x 3 1/2) _____ \$5.00 each

Printed name of applicant: _____

Signature of applicant: _____ Date: _____

Subscribed and sworn to before me, the above signed, a Notary Public in and for said county,

this _____ day of _____,

<u>Payment Information</u>	<u>Issuance Information</u>
Amount: \$ _____ Receipt #: _____	Date request received: _____
Form of payment: Cash Check Money Order	Date mailed to applicant: _____
Check or money order #: _____	Issued by: _____