



# Hendricks County Genealogy 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 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.

1. Full name at birth or death: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

2. Full name at birth or death: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

3. Full name at birth or death: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

4. Full name at birth or death: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

*\*Birth and death records for individuals born or deceased in Hendricks County are available beginning in 1882.\**

Applicant's relationship to this person: SPOUSE PARENT CHILD SIBLING  
GRANDCHILD AUNT/UNCLE ATTORNEY OTHER: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

Applicant's daytime phone number: \_\_\_\_\_

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

Records less than 75 years old are required to be issued as a certified record. Please make application for these records on the appropriate application form.

Records more than 75 years old are uncertified and copies are \$3.00 each/per name.

\_\_\_\_\_ @ \$3.00 = \_\_\_\_\_ Total Amount Due

Printed name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Information

Amount: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Form of payment: Cash Check Money Order  
Check or money order #: \_\_\_\_\_

Issuance Information

Date received: \_\_\_\_\_  
Date mailed to applicant: \_\_\_\_\_  
Issued by: \_\_\_\_\_