

Hendricks County Genealogy Application

Send completed application, copy of applicant's photo ID, and payment to:

Hendricks County Health Department
355 S Washington St Ste G30, Danville, IN 46122
Phone (317) 718-6022



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

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

1. Are you looking for a birth or death record? (Please select one)	BIRTH	DEATH		
Full name at birth/death: _____				
Date of birth/death: _____				
2. Are you looking for a birth or death record? (Please select one)	BIRTH	DEATH		
Full name at birth/death: _____				
Date of birth/death: _____				
Relationship to decedent:	SPOUSE	PARENT	CHILD	OTHER: _____
Applicant's mailing address: _____				
Applicant's email address: _____				
Applicant's phone number: _____				
Applicant's driver's license or ID number and expiration date (application will not be processed without a copy): _____				
If alternate identification is being used, at least two forms should be presented.				

Identification is required per IC 16-37-1-7 & 8.

We accept cash, check, money order or credit/debit cards (fee applies when paying by card).
Checks/Money Orders can be made out to HCHD. **Genealogy searches are only for births or deaths occurring in Hendricks County over 75 years ago. Records begin in 1882.**

Please select the quantity of the record (s) to be purchased.

Number of searches _____ \$5.00 each

Applicant's Printed name: _____

Applicant's Signature: _____ Date: _____

<u>Payment Information – For Office Use</u>	<u>Issuance Information</u>
Amount: \$ _____ Receipt #: _____	Date request received: _____
Form of payment: Cash Check Money Order Credit/Debit	Date mailed to applicant: _____
Check or money order #: _____	Issued by: _____
Birth certificate paper # _____	