

Hendricks County Birth Certificate Application

Send completed application with 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

IDENTIFICATION IS REQUIRED per IC 16-37-1-7 & 8. 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.

USE BLACK INK ONLY.

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: _____			
Mother's full maiden name: _____		State of birth: _____	
Father's full name: _____		State of birth: _____	
Relationship to this person:	SELF	PARENT	OTHER: _____
Purpose for which record will be used: 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 quantity of the record(s) to be purchased (limit of 10). We accept cash, check, money order or credit/debit cards (fee applies to credit/debit). Make check/money orders payable to Hendricks County Health Department or HCHD. **Birth certificates CANNOT be laminated.**

Standard (8 ½ x 5 ½): _____ \$15.00 each

Protective Cover: _____ \$1.00 each

Printed name: _____

Signature: _____

Date: _____

If paying with credit/debit card, a service charge applies. Please include a copy of the front and back of the credit/debit card, a copy of the card holder's ID and card holder's ADDRESS AND PHONE NUMBER.

<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 # _____	