

# Hendricks County Genealogy 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. Genealogy searches are only for births or deaths occurring in Hendricks County over 75 years ago. Records begin in 1882.

### USE BLACK INK ONLY.

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: _____		
3. 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 this person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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 searches to be purchased. 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.

Number of searches \_\_\_\_\_ \$5.00 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.\*\*

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