

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 provide 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: _____
Please note any changes made to this record, excluding marriage: _____	

Place of birth:	IU HEALTH WEST HENDRICKS REGIONAL HEALTH HOME BIRTH
Mother's full maiden name: _____	State of birth: _____
Father's full name: _____	State of birth: _____
Relationship to this person: SELF PARENT 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.	

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 1/2 x 5 1/2): _____ \$15.00 each

Protective Cover: _____ \$1.00 each

Applicant's Printed name: _____

Applicant's 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 # _____	