

Hendricks County Birth Certificate 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

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.

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. **Birth certificates CANNOT be laminated.**

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

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

Protective Cover: _____ \$1.00 each

Applicant's Printed name: _____

Applicant's Signature: _____ Date: _____

Payment Information – For Office Use

Amount: \$ _____ Receipt #: _____

Form of payment: Cash Check Money Order Credit/Debit

Check or money order #: _____

Birth certificate paper # _____

Issuance Information

Date request received: _____

Date mailed to applicant: _____

Issued by: _____