



DAVIESS COUNTY HEALTH DEPARTMENT
 303 East Hefron Street, Washington, Indiana 47501
 Phone: (812) 254-8666 Fax: (812) 254-8643

Book	_____
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Cert#	_____

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

(Please Print or Type Clearly)

**** You MUST BE 18 YEARS OR OLDER to apply for your certificate ****

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a CRIMINAL OFFENSE (I.C. 16-37-1-12).

NOTICE: Birth records are issued to the individual named on the record, their parents, legal guardian, grandparents, spouse, brother, sister, and children (if 21 years or older) (I.C. 16-37-1-8).

Full Name at Birth
 Or Legal Name Change _____

Has this person ever been adopted? _____

Could this birth be under any other name?
 (If so, please give other name) _____

Date of Birth _____ Place of Birth _____

Full Name of Father _____

Full MAIDEN Name of Mother _____

Your relationship to person on certificate _____

What is record to be used for? _____

APPLICANT'S SIGNATURE _____

APPLICANT'S ADDRESS _____
City State / Zip

APPLICANT'S PHONE NUMBER _____

Number of copies: Regular Size _____ Wallet Size _____

FEES: One (1) Certified Regular Size Birth Certificate \$10.00 each
 One (1) Certified Wallet Size Birth Certificate \$10.00 each

Fees payable in **CASH OR MONEY ORDER ONLY!!!!** **NO CHECKS ACCEPTED!!!!**

NOTE: All birth record applicants MUST provide acceptable identification (i.e. Photocopy of driver's license or other identification which includes applicant's name and signature).

OUR OFFICE HAS NO RECORDS BEFORE 1882 AND VERY FEW BEFORE 1907

If incomplete, this application WILL NOT be processed!!!