



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

Book _____
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Rec# _____
Date _____
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: \_\_\_\_\_ One (1) Certified Birth Certificate = \$15.00 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!!!**