

SULLIVAN COUNTY

HEALTH DEPARTMENT

27 South Main Street
Sullivan, IN 47882

Telephone (812) 268-0224
Fax (812) 268-0423

Application for Certified Copy of Birth

APPLICANT MUST ATTACHED:

- A PHOTOSTAT COPY OF DRIVERS LICENSE OR OTHER VALID IDENTIFICATION
- SELF-ADDRESSED & STAMPED ENVELOPE (FOR ALL MAIL ORDERS)
- NO BIRTH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION

PLEASE COMPLETE ALL ITEMS BELOW.

NAME AS IT APPEARS ON CERTIFICATE: _____

DATE OF BIRTH: _____ COUNTY OF BIRTH: _____

IS THIS PERSON DECEASED? YES _____ NO _____

FATHER'S FULL NAME: _____ BIRTH STATE: _____

MOTHER'S FULL MAIDEN NAME: _____ BIRTH STATE: _____

YOUR RELATIONSHIP TO PERSON ON BIRTH CERTIFICATE: _____

PURPOSE FOR WHICH THIS RECORD IS TO BE USED: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

PLEASE INDICATE THE NUMBER OF COPIES REQUESTED: _____ (CERTIFIED COPY \$10 EACH)

NO PERSONAL CHECKS ACCEPTED. CASH OR MONEY ORDER ONLY.

WARNING: FALSE APPLICATION, ALTERING, MUTIALTING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER I.C. 16-1-19-6