



# BIRTH CERTIFICATE APPLICATION

RIPLEY COUNTY HEALTH DEPARTMENT

102 W. First North St.

P.O. BOX 745

Versailles, IN 47042

PHONE: 812-689-0508 FAX: 812-689-0500

HOURS: MON-FRI 8AM-4PM



	FEE	QUANTITY REQUESTING
BIRTH CERTIFICATE	\$15.00	

CASH OR MONEY ORDER ACCEPTED ONLY **(NO PERSONAL CHECKS)**

YOU MUST BE AN IMMEDIATE RELATIVE OF THE PERSON LISTED BELOW TO RECEIVE A COPY OF THE BIRTH CERTIFICATE

## **MAIL IN REQUESTS MUST INCLUDE THE FOLLOWING**

***\*\*The requested birth certificate will **NOT** be processed if any of these items are omitted\*\****

1. **PHOTOCOPY OF DRIVERS LICENSE OR OTHER I.D. OF PERSON APPLYING FOR CERTIFICATE** (Example: Parents ID required for children)
2. **\$15 CASH OR MONEY ORDER NO PERSONAL CHECKS!**
3. **FULLY COMPLETED APPLICATION**

Today's Date: \_\_\_\_\_

Full Name at Birth (If married, use maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City or Town): \_\_\_\_\_

Your relationship to person whose birth certificate applying for (if this is yourself, please put "self":

\_\_\_\_\_

Father's Full Name: \_\_\_\_\_ State or Country Born: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ State or Country Born: \_\_\_\_\_

Mother's Maiden Name (Of person whose birth record applying for): \_\_\_\_\_

Print **YOUR** name: \_\_\_\_\_

**YOUR** Signature: \_\_\_\_\_

**YOUR** Phone #: \_\_\_\_\_

**YOUR** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WARNING: False application, altering, mutilating, or counterfeiting Certified copies of birth certificates is a criminal offense under IC 16-1-19-6**

**FOR OFFICE USE ONLY**

RECEIPT # \_\_\_\_\_ CASH \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ DEBIT/CREDIT \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_