



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Birth Certificate Application

You **MUST** provide the following with **completed application**:

Copy of your photo ID with signature such as a driver's license or State ID

Certified Birth Certificate Fee is \$10.00; \$5.00 for each additional certificate which must be purchased at the same time as original.

If paying by check or money order please make payable to the **Fountain & Warren County Health Department**

Child's full name at birth _____

Any other name under which the record could be recorded _____

Was the person ever adopted? _____

Date of birth _____

Place of birth _____

Father's name _____

Mother's full legal name and maiden name _____

Purpose for which record is to be used _____

Your relationship to person whose birth record is being requested _____

Your address _____

City: State: Zip _____

Phone _____

Your signature _____ Date _____

WARNING: False application, altering, mutilating or counterfeiting Indiana Birth Certificates is a Criminal Offense under IC 16-37-1-12.

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