



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Birth Certificate Application

Certified Birth Certificate Fee is \$15.00; \$5.00 for each additional certificate purchased at time of original.

You **MUST** provide the following with **completed application before a certified copy is issued:**

- **Copy of your photo ID with signature** such as a driver's license, State ID, Military ID, or Passport
- **Payment methods accepted:** Cash, Check, or Money Order; do not send cash through mail. Make check or money order payable to the **Fountain & Warren County Health Department.**

Fees are subject to change. Please verify current fees directly with the 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 name _____

Your street address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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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