

## **APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE**

## HOWARD COUNTY HEALTH DEPARTMENT

120 E MULBERRY ST, ROOM #209, KOKOMO, IN 46901 PHONE: (765) 456-2927 PHONE: (765) 456-2400

## **COMPLETE ALL ITEMS**



1.	Name on birth record:
2.	Date of birth:
3.	Place of birth(City or Hospital):
4.	Father's full name:
5.	Mother's full MAIDEN name:
6.	Could this record be under any other name?   No  Yes
7.	What is the certificate to be used for?
8.	Relationship to person named on certificate. (Check only one box.)  Person named on the record Spouse of person named on the record.  Parent of person named on the record. Sibling, over 21 and full-blooded, of person named on the record.  Child, over 21, of the person named on the record. Legal Guardian of person named on the record with papers.  Grandparent of person named on the record
9.	Printed name of applicant:
	Signature of applicant:
11.	Mailing address:
	Phone number:14. Date:
	Fee: Certified Birth Certificate X \$10.00 Pouch (clear plastic cover) X \$ 3.00

**CASH ONLY IN OFFICE** 

WHEN APPLYING BY MAIL - Enclose a self addressed stamped envelope.

MONEY ORDERS ONLY (made payable to Howard Co Health Dept)

NO PERSONAL CHECKS

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under Indiana Code 16-37-1-12.