

SWITZERLAND COUNTY HEALTH DEPARTMENT

1190 W Main St, Suite 300 – P.O. Box 14, Vevay, Indiana 47043

Phone (812) 427-3220 Fax (812-427-0235

APPLICATION FOR BIRTH CERTIFICATE

YOU MUST BE 18 YEARS OR OLDER TO APPLY FOR BIRTH CERTIFICATE, YOU MUST PRESENT I.D. ON YOURSELF TO OBTAIN BIRTH CERTIFICATE.

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificate is a Criminal Offense under I.C. 16-1-19.6. **NOTICE:** Legitimate birth records are issued ONLY to the INDIVIDUAL NAMED ON THE RECORD AND THEIR PARENTS, LEGAL GUARDIAN (guardianship papers must be presented) GRANDPARENTS, BROTHERS AND SISTERS, SPOUSE OR CHILDREN. The certificate of a child BORN OUT OF WEDLOCK can be issued ONLY to the MOTHER OF THE CHILD OR FATHER (if his name is on the record)

PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED.

Full Name at Birth _____

Date of Birth _____

Place of Birth _____

Were Mother and Father married at the time of this birth? Yes _____ No _____

Full Name of Father _____

Full Name of Mother (including maiden name) _____

Could birth be recorded under any other name? _____ If yes, give name _____

If adopted, give name AFTER adoption _____

Reason birth certificate is needed _____

Your relationship to above person _____

Applicant's Signature _____ Phone Number _____

Applicant's Address _____

Number requested _____ @ \$10.00 each – total

IF YOU ARE MAILING YOUR REQUEST - Please enclose a self-addressed stamped return envelope. **PERSONAL CHECKS ARE ACCEPTED.** You **MUST** enclose a copy of photo identification with signature (i.e. a copy of your driver's license)



FOR OFFICE USE ONLY: Book # _____ Page # _____ Local # _____
Filed _____ Date _____ Initials _____