

FULTON COUNTY HEALTH DEPARTMENT

125 E 9TH ST., SUITE 004, ROCHESTER, IN 46975
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VITAL RECORDS REGISTRAR Email: vr@co.fulton.in.us

Warning: False application, altering, mutilating, or counterfeiting an Indiana Birth Certificate is a Class D Felony under House Bill 113.

CREDIT/DEBIT CARDS (Please Call)

CASH or **MONEY ORDER** (made out to Fulton County Health Department) for **\$10.00** per certified Birth Certificate.

NO BIRTH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION

You must have a signed form or identification. If submitting by mail, you must send a **photocopy of your Driver's License, and a Self-Addressed Stamped Envelope.**

BIRTH INFORMATION - Please Print

FULL NAME AT BIRTH: _____
First Middle Last (Maiden)

DATE OF BIRTH: ____/____/____ AGE: ____ BORN IN: ____ HOSPITAL ____ HOME
NOW (CHECK ONE)

WERE PARENTS MARRIED AT TIME OF BIRTH? ____y ____N

FATHER: _____ BIRTHPLACE _____
First Middle Last State

MOTHER: _____ BIRTHPLACE _____
First Middle Maiden State

PRESENT INFORMATION - Please Print

PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:

BMV ___ PASSPORT ___ JOB ___ SCHOOL ___ SOCIAL SECURITY ___ PERSONAL RECORDS ___

Other(Specify) _____

Certified Birth Certificates are issued to the individual named above (if over 18), their parents, grandparents, siblings, spouse, children or guardian.

TODAY'S DATE ____/____/____ CONTACT TELEPHONE NUMBER: (____) _____

RELATIONSHIP TO ABOVE PERSON:

SELF ___ SPOUSE ___ PARENT ___ GRANDPARENT ___ BROTHER/SISTER ___ SON/DAUGHTER ___

OTHER (Specify) _____

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____
Street City State Zip Code

****OFFICE USE ONLY****

DRIVER'S LICENSE NUMBER _____ OTHER FORM OF ID: _____

ADDRESS ON LICENSE: ___ SAME OTHER: _____

CERTIFICATE NUMBER _____