



APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

ST. JOSEPH COUNTY HEALTH DEPARTMENT

8TH FLOOR COUNTY-CITY BUILDING, 227 WEST JEFFERSON BOULEVARD

SOUTH BEND, INDIANA 46601-1870

PHONE: 574-235-9638 FAX: 574-235-9960

Please **NOTE**: Effective December 1, 2011, the St. Joseph County Health Department **DOES NOT** accept credit card applications via mail, any faxed requests or UPS requests. If you would like to use a **credit card** or request **UPS next day delivery**, please visit www.VitalChek.com.

FORMS OF PAYMENT for MAIL REQUESTS

(faxed requests are not accepted)

Money Order or Cashier's Check ONLY (made payable to St. Joseph County Health Department)

NO PERSONAL CHECKS or CREDIT CARDS

FORMS OF PAYMENT for IN-OFFICE REQUESTS

Cash, Visa, MasterCard, Discover, Money Order or Cashier's Check (made payable to St. Joseph County Health Department)

NO PERSONAL CHECKS

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. Referring to line 1, is this person deceased? No Yes

8. Relationship to person named on line 1: _____

9. **Signature of applicant:** _____

10. Mailing address: _____

11. City, State, Zip: _____

12. Phone number: _____ Alternative number: _____

13. **Regular Size** _____ \$12.00 (additional copies are \$9.00 on the same person) **Wallet Size** _____ \$12.00

→ → → IDENTIFICATION IS REQUIRED ← ← ←

Mail a copy of the applicant's identification along with this request.

Contact our office if you have questions on acceptable identification.

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

Mail requests are sent out via regular mail the same day the applications are received.