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

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 #1, is this person deceased? ☐ No ☐ Yes
8. Referring to #1, your relationship to person named on birth record: _____
9. **Signature of applicant**: _____
10. Mailing address: _____
12. Phone number: _____ Alternative numbers: _____
13. **Regular Size** _____ **$10.00 (additional copies are $7.00 on the same person)** **Wallet Size** _____ **$12.00**

Cash, Money Order, Visa or MasterCard ****NO PERSONAL CHECKS ACCEPTED****

→→→IDENTIFICATION IS REQUIRED←←←

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

Contact our office for if you have questions on acceptable identification.

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

◆ Credit Card Information ◆ Card Holder *MUST BE* Applicant◆

14. Name on credit card: _____
15. **Billing** address: _____
16. Phone number(s) of card holder: _____
17. **VISA** or **MASTERCARD** Credit Card Number:

❑❑❑❑-❑❑❑❑-❑❑❑❑-❑❑❑❑

18. Expiration: _____ 19. Verification Code: _____ (Last three numbers on back of credit card):
20. Amount to charge to credit card (see #13 above for pricing): $ _____

UPS NEXT DAY DELIVERY OPTION (***Complete this section only if you request UPS Next Day***)
I would like the birth certificate(s) sent next-day via UPS. I understand that this option includes additional charges and will be charged to my credit card (information above) via UPS:
Initials of cardholder: _____
Charges vary depending on destination. If you would like an estimate on cost, go to **UPS.com**
Please provide your e-mail address if you would like ship confirmation from UPS:
E-mail address: _____

I authorize the St. Joseph County Health Department to process my request for _____ regular sized and _____ wallet sized birth certificates totaling $ _____ and I would like the amount charged to my credit card (information above). Also, if the UPS Next Day delivery option has been chosen, I understand this includes additional charges, which will also be charged to the above credit card via UPS.

_____ _____
Signature of card holder (must be same as applicant, #9 above) **Date**

Requests are mailed out the same day the applications are received. Do not forget identification.