

# BIRTH CERTIFICATE APPLICATION

RIPLEY COUNTY HEALTH DEPARTMENT  
102 W. First North St. P.O. BOX 745  
Versailles, IN 47042  
PHONE: 812-689-0508 FAX: 812-689-0500  
HOURS: MON-FRI 8AM-4PM

YOU MUST BE AN IMMEDIATE RELATIVE OF THE PERSON LISTED BELOW TO RECEIVE A COPY OF A CERTIFICATE.  
WE HAVE NO RECORDS PRIOR TO 1907.

	FEE	QUANTITY
BIRTH CERTIFICATE	\$15.00	
CASH AND MONEY ORDER ACCEPTED (NO PERSONAL CHECKS)		

## PLEASE INCLUDE THE FOLLOWING WITH YOUR REQUEST:

1. PHOTO ID OF PERSON APPLYING FOR CERTIFICATE
2. \$15.00 CASH OR MONEY ORDER (NO PERSONAL CHECKS)
3. COMPLETED APPLICATION

**\*\*IF ANY ITEM FROM THE LIST IS OMITTED, YOUR CERTIFICATE WILL NOT BE ISSUED\*\***

Today's Date: \_\_\_\_\_

Full Name at Birth: (If female, please put maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth(city or town): \_\_\_\_\_

Your relationship (if this is for yourself, please put "self"): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ State or Country Born: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ State or Country Born: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Were Mother & Father Married at the time of birth? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Certificate: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WARNING: False application, altering, mutilating, or counterfeiting certified copies of birth certificates is a criminal offense under I.C. 16-1-19-6**

### FOR OFFICE USE ONLY

RECIPT # \_\_\_\_\_ CASH \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ DEBIT/CREDIT \_\_\_\_\_ DATE \_\_\_\_\_