



Parke County Health Department

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APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Warning: False application, altering, mutilation or counterfeiting Indiana Birth Certificates is a CRIMINAL OFFENSE (I. C. 16-37-1-12).

Full Name at Birth: _____ Today's Date _____

Could this birth be recorded under any other name? _____ yes _____ no _____ adopted

If yes or adopted, give other name: _____

Date of Birth: _____ Place of Birth: _____

Full name of Father: _____

Full name of Mother: _____

Mother's Maiden Name: _____

Purpose for which record is to be used: _____

Is this your certificate? _____ If no, your relationship to person: _____

SIGNATURE OF APPLICANT: _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Home/Cell phone: _____ Daytime phone: _____

Number of copies requested: _____ \$10.00 each (amount due) _____

FOR OFFICE USE ONLY:

I.D. shown _____ Driver's License _____ Social Security Card _____

Other _____

Credit/Debit Card Payment Authorization Form

(To be included only if wanting to pay by credit card)

Please complete and sign this form to authorize the Parke County Health Department to make a debit to your credit/debit card listed below. By signing this form you give us permission to debit your account for any fees due.

Please complete the information below:

I, _____ authorize the Parke County Health Department to charge my credit card account for the amount due for licenses, permits, or vital record searches and productions on or after _____.

Signature _____

Signature Date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

****Disclaimer: The Parke County Health Dept will not retain credit/debit card information, upon authorization of applicable fees, everything below the dotted line will be destroyed.**

Office Use Only:

Authorization Number _____ Initials _____ Date of transaction _____

Account Type: Visa MasterCard Discover

Account Number _____ Expiration Date _____

3 Digit Security Code _____

Acceptable payment types are cash, check, money order, Discover, Visa, or Mastercard. When paying by credit or debit cards, you must either pay in person or print a "Credit/Debit Authorization Form" and mail with this application BEFORE research is done. There is either a 3% convenience fee or a \$1 minimum (if transaction is under \$33.00) for all debit and credit card transactions.

NOTE: All birth record applicants **MUST** provide acceptable identifications which are listed in the form "ID Requirements"

If application is incomplete, this application will not be processed.

All requests require proper identification and proof of relationship to the person whose record is being requested.

ACCEPTABLE IDENTIFICATION

I.C. 16-37-1-8 Prerequisites to issuance of birth certificate; judicial review; missing child certificates

Sec. 8 (a) Except as provided in subsection (c), a local health officer shall provide a certification of birth, death, or stillbirth registration upon request by any person only if:

1. the health officer is satisfied that the applicant has a direct interest in the matter;
2. the health officer determines that the certificate is necessary for the determination of personal or property rights or for the compliance with state or federal law; and
3. the applicant for a birth certificate presents at least one (1) form of identification.

However, the local health officer must issue a certificate of an applicant's own birth registration.

a. A local health officer's decision whether or not to issue a certified copy of a birth certificate is subject to review by a court.

b. A local health office may not issue a copy of a birth certificate of a missing child to which a notice has been attached under IC 10-13-5-11 without the authorization of the Indiana clearinghouse for information of missing children. *As added by P.L.2-1993, SEC. 20. Amended by P.L. 2-2003, SEC. 55.*

In accordance with Indiana Code and due to continuing problems with issuing birth certificate, **and individual requesting a certified copy or a birth certificate must provide at least one form of identification.** The Indiana Vital Records Association (IVRA) has established a list of acceptable identification and IVRA recommends the list be followed by each health department for the issuance of birth records.

PLEASE INQUIRE, PRINT, AND ADHERE TO ATTACHMENT "ID REQUIREMENTS FOR BIRTH AND DEATH RECORDS" ON OUR WEBSITE AT PARKECOUNTY-IN.GOV AND CLICK ON THE HEALTH DEPARTMENT LINK

ONLY PAGE 1 OF THIS DOCUMENT MUST BE RETURNED TO THE DEPARTMENT AS YOUR APPLICATION, AND THE CREDIT/DEBIT CARD AUTHORIZATION (IF NECESSARY).