



# Parke County Health Department

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parkecounty-in.gov

## GENEALOGY ONLY

Application for birth or death record for genealogy only

Date Received \_\_\_\_\_

BY INDIANA STATE LAW; IC 16-37-1-8

ALL RECORDS THAT ARE NOT **75 YEARS OLD ARE CONFIDENTIAL RECORDS** and cannot be issued except to the individual named on the record or an immediate member of the family, **who produces required identification**. Required identification is a photo ID and birth certificate(s) indicating relationship to individual named on record.

**Please include a self-addressed stamped envelope.**

PLEASE PRINT

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_

Parents \_\_\_\_\_  
(father) (mother)

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_

Parents \_\_\_\_\_  
(father) (mother)

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_

Parents \_\_\_\_\_  
(father) (mother)

APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Genealogy Research is **\$10.00 per hour (1 hr minimum)**

When found certified birth **\$10.00 ea**

When found certified death **\$10.00 ea**

Office Use:

Date Received: \_\_\_\_\_

Certificates Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

Research fee: \_\_\_\_\_

Payment type and amount: \_\_\_\_\_

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 BEFORE research will be 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.

## Credit/Debit Card Payment Authorization Form

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 \_\_\_\_\_

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Account Type: Visa MasterCard Discover

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_