Johnson County Health Dept.
86 West Court St.
Franklin, IN 46131
Tel: (317) 346-4367
Fax: (317) 736-5264

Application for Birth Certificate

Warning: False application, altering, mutilating, or counterfeiting an Indiana birth certificate is a criminal offense under I.C. 16-1-9-6

****Driver's license or 2 other forms of ID required****

Notice: Out of Wedlock birth: A certificate can only be issued to the parent whose name appears on the birth certificate, mother, maternal grandmother, legal guardian (must show proof), or the child (at least 18 yrs old)

PLEASE PRINT

Today's Date: _____

The name that appears on the birth certificate is my: ***(please circle one)***

Self Son Daughter Husband Wife Sister Brother Mother Father Grandchild Grandparent

Person's Date of Birth: _____

Full Birth Name: _____

Full Name of Father: _____

Full (MAIDEN) Name of Mother: _____

STATE of Birth (father) : _____ **STATE of Birth (mother) :**_____

***Please specify what this record will be used for*:**_____

Type of Birth Certificate	PLEASE CIRCLE FEE AND TYPE OF PAYMENT		
Regular: 5 X 7 size not including a protective cover	**$10.00**	credit card	money order
Regular: 5 X 7 size including a protective cover	**$12.00**	credit card	money order
Combo: 5 X 7 size plus wallet size with protective cover for wallet only	**$16.00**	credit card	money order
Combo: 5 X 7 size plus wallet size including a protective cover for both	**$18.00**	credit card	money order

Signature _____Phone# ( )_____

(print name)_____

Street Address_____

City_____State_____ Zip_____

VISA MASTER CARD EXPIRATION DATE: _____ V-Code _____

This space for office use only

Receipt#_____

Check - MO#_____

Credit Card Amt_____

IF YOU FAX YOUR APPLICATION, PLEASE FOLLOW-UP WITH A PHONE CALL TO MAKE SURE THAT EVERYTHING YOU SENT IS LEGIBLE. **WE RESERVE THE RIGHT NOT TO PROCESS THE REQUEST IF INFORMATION IS NOT LEGIBLE**

Legible Copy of Picture Identification REQUIRED