

# BIRTH CERTIFICATE APPLICATION

Bartholomew County Health Department  
440 Third St., Suite 303  
Columbus, IN 47201-6798  
Phone: (812)379-1550, Opt. 2 Fax: (812)379-1040  
Hours: Mon-Fri 8am-5pm

|                   |
|-------------------|
| OFFICE USE ONLY   |
| ID NUMBER _____   |
| DATE ISSUED _____ |

|  | FEE     | QUANTITY |
|--|---------|----------|
| Regular size Birth Certificate with plastic sleeve                               | \$10.00 |          |
| Combo (1 wallet size/1 regular size) with plastic sleeves                        | \$15.00 |          |
| Cash, check (with id), money order, and credit/debit cards (\$2.50 fee) accepted |         |          |

**\*\*\*1 SIGNATURE ID REQUIRED\*\*\***  
*(or 2 other approved documents)*

**Certified birth certificates are available to the person named on the certificate and IMMEDIATE family members with proper identification. We have birth records from 1882-present only for persons born in Bartholomew County.**

NAME ON BIRTH RECORD: \_\_\_\_\_

DATE OF BIRTH ON RECORD: \_\_\_\_\_ ADOPTED? \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO ABOVE: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ STATE OR COUNTRY BORN: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ STATE OR COUNTRY BORN: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

REASON FOR REQUESTING THE 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 IC 16-1-19-6**