

Clerk:

ID#

HARRISON COUNTY HEALTH DEPARTMENT

241 ATWOOD STREET, SUITE 200; CORYDON, INDIANA 47112 PHONE (812) 738-3237 — FAX (812) 738-4292 WWW.HARRISONCOUNTYHEALTH.COM

Birth and death records in Indiana are available from <u>February 1, 1882</u> to present. No records prior to this date are available from this Health Department.

WARNING: False application, altering, mutilating or counterfeiting Indiana birth certificates is a Class A misdemeanor under IC 16-37-1-12. All applicants must provide at least one form of acceptable identification per IC 16-37-1-8, such as a driver's license, government-issued picture ID, etc. **We have birth certificates for people born in Harrison County, Indiana ONLY.**

1. Full name at birth (of person whose birth certifi	cate you want): 2. Date of birth (of person in Box 1):
First Middle Last	
3. Has this person been adopted? 4.	New name after adoption:
YES NO	
6. Full name of father (of person in Box 1):	7. Full MAIDEN name of mother (of person in Box 1):
First Middle Last	First Middle Last (Maiden)
	· · · ·
8. Birthplace of father (state):	9. Birthplace of mother (state):
10. Are you the person named in Box 1?	11. If not, what is your relationship to that person?
YES NO	
12. Purpose for which record is to be used:	13. Print your current legal name (because you are
(examples: travel, school, retirement, license	e) the person requesting this record)
14 W	15 V
14. Your phone number	15. Your signature
16. Your street address	17. Your city, state, zip
Fee is \$10.00 per certified certificate	e-mail address (we may need to contact you if you order
Number of copies needed:	older records by mail)
If ordering by mail, please include:	✓ Picture ID of person requesting this record
☑ A stamped, self-addressed envelope	✓ \$10.00 for each birth certificate you want
For office use only:	
No. Book:	Page: Date:

Expires: