

**HOWARD COUNTY HEALTH DEPARTMENT**

**ATTN:** VITAL RECORDS, RM. #209  
120 E. MULBERRY ST.  
KOKOMO, IN 46901

**TO RECEIVE BIRTH CERTIFICATES BY COMING INTO THE OFFICE:**

OUR OFFICE HOURS FOR ACCEPTING APPLICATION FORMS ARE 8:00 A.M. TO 11:30 A.M. AND 1:00 P.M. TO 3:30 P.M. MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS. IT USUALLY TAKES 10 – 15 MINUTES TO PROCESS YOUR APPLICATION FORM. **YOU MUST HAVE SIGNATURE I.D. AND WE ONLY ACCEPT CASH.**

**IF YOU ARE MAILING YOUR REQUEST:**

YOU **MUST** ENCLOSE A ZEROX COPY OF THE **APPLICANT'S I.D. WITH THE APPLICANT'S SIGNATURE** (A DRIVER'S LICENSE OR TWO PIECES IF YOU DON'T HAVE A DRIVER'S LICENSE). WE CANNOT ACCEPT PERSONAL CHECKS, PLEASE SEND A MONEY ORDER OR A CASHIER'S CHECK. PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE.

**APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED!!!!**

**MAIL REQUESTS TO:**

HOWARD COUNTY HEALTH DEPARTMENT  
ATTN: VITAL RECORDS, RM. #209  
120 E. MULBERRY STREET  
KOKOMO, IN 46901

# HOWARD COUNTY HEALTH DEPARTMENT

120 EAST MULBERRY STREET, ROOM #209  
KOKOMO, IN 46901

PHONE: (765) 456-2927

PHONE: (765) 456-2400

## APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

### YOU MUST BE 18 YEARS OLD OR OLDER TO RECEIVE YOUR OWN CERTIFICATE

**NOTICE:** Birth certificates are issued to the **INDIVIDUAL NAMED** on the record, **THEIR PARENTS** (named on the certificate), **LEGAL GUARDIAN, GRANDPARENTS, CURRENT SPOUSE,** Full-blooded **BROTHERS & SISTERS AND CHILDREN** (if 21 years old or older).

FULL NAME AT BIRTH \_\_\_\_\_

HAS THIS PERSON EVER BEEN ADOPTED? \_\_\_\_\_ COULD THIS BIRTH BE UNDER ANY OTHER NAME? \_\_\_\_\_

IF SO, PLEASE GIVE OTHER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

FULL NAME OF FATHER: \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE PERSON ON THE CERTIFICATE? \_\_\_\_\_

WHAT IS THE CERTIFICATE (RECORD) TO BE USED FOR? \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

(Person Applying for the Certificate: Parent, Spouse, Etc.)

APPLICANT'S ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**WARNING: False application, Altering, Mutilating, Or Counterfeiting an Indiana Birth Certificate is a CRIMINAL OFFENSE under I. C. 16-1-19-6.**

**FEES:**

Number of Certified Standard-sized Birth Certificates (\$10.00 each) \_\_\_\_\_

Number of Certified Small-sized Birth Certificates (\$10.00 each) \_\_\_\_\_

Number of Regular sized Protective Pouches (\$3.00 each) \_\_\_\_\_

Number of Small sized Protective Pouches (\$3.00 each) \_\_\_\_\_

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