

Ripley County, IN**BIRTH CERTIFICATE APPLICATION**☐ Applied in office☐ Mail in Application

Date LHD Office Received



Ripley County Health Department
102 W. 1st North Street / P.O. Box 745
Versailles, IN 47042
(P): 812-689-5751
Website: www.ripleyhealth.com

Warning: False application, altering, mutilating, or counterfeiting Certified copies of birth certificates is a criminal offense under IC 16-1-19-6.

All applicants MUST provide at least one form of acceptable identification per IC 16-37-1-8, such as the front and back of driver's license or government issued picture ID.

Today's Date :

1. Full Name at birth (of person whose birth certificate you want):	3. Has this person been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Date and Place of birth:	4. New Name after adoption:

This section is about the parents of the person in box 1

5. Full name of father:	6. Birthplace of father (state only):
7. Full MAIDEN name of mother:	8. Birthplace of mother (state only):
9. Are you the person named in box 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. If not, what is your relationship to that person?
11. Purpose for which the record is to be used: <input type="checkbox"/> BMV / Driver's License <input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Insurance <input type="checkbox"/> Passport / Travel <input type="checkbox"/> Retirement <input type="checkbox"/> School <input type="checkbox"/> Sports <input type="checkbox"/> First Certificate <input type="checkbox"/> Proof of Relationship <input type="checkbox"/> Marriage License	12. Your street address:
	13. Your city, state, zip code:
14. Print <u>your</u> current legal name: (because you are the person requesting this record)	15. Your phone number:
16. Your signature:	17. FEE IS \$25.00 PER CERTIFIED COPY Number of certificates needed: _____

There is a processing fee for DEBIT/CREDIT PAYMENT.
IF MAILING IN THE APPLICATION, WE ACCEPT MONEY ORDER OR CASH ONLY

Have you included the following requirements:☐ Copy of Identification Requirement ☐ Cash or Money Order ☐ Proof of Relationship (if needed)**FOR OFFICE USE ONLY**

RECEIPT # _____ DATE PROCESSED _____ INITIALS _____

FORM OF PAYMENT ☐ CASH ☐ MONEY ORDER ☐ DEBIT/CREDIT ALL PAID CHECK # _____

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102 West 1st North Street / P.O. Box 745 Versailles, IN 47042
(P) 812-689-5751 (F) 812-689-3909 <http://www.ripleyhealth.com>
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