

William C. VanNess II, M.D.
Health Officer



Stephenie R. Mellinger
Administrator

Madison County Health Department
206 E. 9th Street, Suite 200
Anderson, IN 46016
(765) 641-9523

Per Indiana Code (IC 16-1-19-1): Applicant for a birth certificate is required to show at least one (1) form of identification. Along with the request, we suggest the following items be used: (We need **only one** of the below.)

- | | |
|------------------------------------|---------------------------------|
| 1. A copy of your Driver's License | 4. Mexico Consular I.D. (Green) |
| 2. A copy of your State ID | 5. U.S. Military I.D. |
| 3. A copy of your Passport | 6. Veterans I.D. |

If Mailing Request: Please return your APPLICATION, a COPY OF VALID I.D., a SELF-ADDRESSED STAMPED ENVELOPE and the \$15.00 FEE PER RECORD REQUESTED. We will then promptly respond to your request. (make check / money order payable to: Madison County Health Department)

Thank You,
Stephenie R. Mellinger
Administrator

VALID IDENTIFICATION WITH APPLICANT'S SIGNATURE MUST BE SHOWN

BIRTH RECORDS ARE AVAILABLE TO THE PERSON THEMSELF OR A MEMBER OF THEIR IMMEDIATE FAMILY ONLY WITH PROOF OF RELATIONSHIP.

Full name at birth _____
 Name after adoption or court order if any _____
 Date of Birth _____ City of Birth _____
 Full name of Father/Parent _____
 Full name of Mother/Parent (name before first marriage) _____
 Your relationship to person whose birth record is being requested _____
 Number of certificates requested _____ (Fee - \$15.00 per copy)
 Printed Name of applicant _____
 Signature of applicant _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE – INDIANA LAW IC – 16 – 37 – 1 – 10(a).

OFFICE USE ONLY

ID SHOWN _____ BY _____