

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



Stephenie R. Mellinger
Administrator

Madison County Health Department
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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. (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

Must prove mailing address when returning Birth Certificate by mail if different than I.D.
Example: Mortgage Statement, Utility Bill, Lease agreement, Bank Statement, Paystub, etc..

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 _____