Public Health
Prevent. Promote. Protect.

Parke County Health Department

116 W High Street, Room 12
Rockville, Indiana 47872
parkehealth@parkecounty-in.gov

Phone: 765-569-6665
FAX : 765-569-4061
parkecounty-in.gov

Birth Certificate Application

(Please Print Clearly)

YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. CERTIFICATES WILL NOT BE ISSUED IF FULL PAYMENT HAS NOT BEEN RECEIVED. Certificates are $10.00 each. We accept Cash, Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying via card, please complete page 3 of this application; turn in with the completed application. IF SENT VIA MAIL, A PRE-STAMPED AND ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION. If an envelope is not included with application, the certificate will available at the Health Department during regular business hours.

FALSE APPLICATION, ALTERING. MUTILATION, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A LEVEL 6 FELONY.
Indiana Code 16-37-1-12

All Requests REQUIRE proper identification and proof of relationship to the person whose record is requested.
Indiana Code 410 IAC 18-3-2

Birth certificates may be issued ONLY to the individual, the mother of the individual, the father of the individual (if named on the birth certificate, married to mother of the individual, or paternity has been established), a grandparent of the individual (if parents of the individual were married at the time of birth, or paternity has been established), the legal guardian of the individual, an adult sibling of the individual, and adult aunt or uncle of the individual (if parents of the individual were married at the time of birth), the spouse of the individual, or an adult child or grandchild of the individual.
Indiana Code 410 IAC 18-3-1

If you have any questions, feel free to call the Parke County Registrar at 765/569-6665

Received by: _____

Date of Application: _____ Amount Paid: _____ Receipt#: _____ Cert#: _____

Application for Certified Birth Certificate

Full Name at Birth: _____ **Today's Date:** _____

Has name been legally changed (other than marriage)? **Yes** _____ **No** _____ **Adopted** _____

Other name: _____

Date of Birth: _____ **Place of Birth:** _____

Full Name of Father: _____

Full Name of Mother: _____

Mother's Maiden Name: _____

Purpose for which record is to be used: _____

Relationship (ie. Self, Mother, Father…): _____

Name of Applicant (Printed): _____

Signature of Applicant: _____ Via Electronic Signature

Mailing Address

Street: _____

City/State/Zip: _____

Home/Cell Phone Number: _____ **Work/Daytime Phone Number:** _____

Certified Birth Certificates are $10.00 each.

Number of Certified Copies: _____ **Amount Due:** _____

OFFICE USE ONLY

Driver's License/State ID # _____ **Passport#** _____ **Military ID** _____

Veterans ID# _____ **Other** _____ **Other** _____

Parke County Health Department

Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a 3% Convenience Fee, minimum $1.00.
Please complete fully

I, _____ authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after

_____

Signature _____ **Via Electronic Signature**

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: _____

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Office Use Only

Authorization #_____ Initials: _____ Date:_____

Please Fill Out Card Information

Account Type (Circle One): Visa MasterCard Discover

Account Number:_____ Expiration Date: _____

Security Code (3 Digit):_____