



HOWARD COUNTY HEALTH DEPARTMENT

120 E MULBERRY ST, ROOM #209, KOKOMO, IN 46901
PHONE: (765) 456-2927 PHONE: (765) 456-2400



COMPLETE ALL ITEMS

IDENTIFICATION REQUIRED

Photo Copy – Drivers License or State I.D.

1. Name on birth record: _____
2. Date of birth: _____
3. Place of birth(City or Hospital): _____
4. Father's full name: _____
5. Mother's full MAIDEN name: _____
6. Could this record be under any other name? No Yes _____
7. Referring to line 1, is this person deceased? No Yes _____
8. What is the certificate to be used for? _____
9. Printed name of applicant: _____
10. **Signature of applicant:** _____
11. Mailing address: _____
12. City, State, Zip: _____
13. Phone number: _____ 14. Date: _____

Fee: **Certified Birth Certificate** _____ **X \$10.00**
 Pouch (clear plastic cover) _____ **X \$ 3.00**
 Genealogy Document _____ **X \$10.00**

APPLYING BY MAIL - Enclose a self addressed stamped envelope.
Money Order or Cashier's Check Only (made payable to Howard Co Health Dept)

**WARNING: False application, altering, mutilating,
 or counterfeiting Indiana Birth Certificates is a
 criminal offense under Indiana Code 16-37-1-12.**

FOR GENEALOGY ONLY – BIRTH (75 YRS OR OLDER)