



APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

HOWARD COUNTY HEALTH DEPARTMENT

120 E MULBERRY ST, ROOM #209, KOKOMO, IN 46901

PHONE: (765) 456-2927

PHONE: (765) 456-2400

COMPLETE ALL ITEMS



VALID ID 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. What is the certificate to be used for? _____
8. Relationship to person named on certificate. (Check only one box.)
 - Person named on the record Spouse of person named on the record.
 - Parent of person named on the record. Sibling, over 21 and full-blooded, of person named on the record.
 - Child, over 21, of the person named on the record. Legal Guardian of person named on the record with papers.
 - Grandparent of person named on the record
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**

CASH ONLY IN OFFICE

WHEN 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.