

Ripley County Health Department Vital Records Division
P.O. Box 440
Versailles, IN 47042
Phone: 812-689-0508

You must be an immediate relative of the person listed below to receive a copy of this certificate. Please complete all information
*Applications cannot be faxed back to our office. They must be mailed back or brought into our office, along with the fee.

READ AND FOLLOW THE DIRECTIONS BELOW

PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR REQUEST:

1. PHOTOCOPY OF DRIVER'S LICENSE OR OTHER I.D. OF PERSON APPLYING FOR CERTIFICATE
2. \$10.00 MONEY ORDER OR CASH FOR EACH CERTIFICATE REQUESTED (NO PERSONAL CHECKS)
3. SELF ADDRESSED STAMPED ENVELOPE (ONLY WHEN APPLYING BY MAIL).
4. COMPLETED APPLICATION

IF ANY ITEM FROM THE LIST IS OMITTED YOUR REQUEST WILL BE RETURNED TO YOU.

Today's Date: _____ Number of copies requested: _____ (CERTIFICATES are \$ 10.00 PER COPY)

Full Name at Birth (If female, please put maiden name): _____

Date of Birth: _____ Place of Birth: (City or town) _____

Hour of Birth (Optional) _____ Birth Weight (Optional): _____ lbs. _____ Oz.

Your relationship to this person (If this is your certificate, please put "self") _____

Father's Full Legal Name _____

Mother's Full Legal Name: _____ Maiden Name: _____

Birthplace of Father (State): _____ Birthplace of Mother (State): _____

Were mother and father married at time of this birth? Yes _____ No _____

Reason Certificate is needed: Military ___ Social Security ___ Driver's License ___ work ___ Medicaid ___ Passport ___ Other ___

Signature of person filling out this application: _____

Address & Daytime Telephone of person filling out this application: _____

(OFFICE USE ONLY):

Book #: _____ Page#: _____ FILED: _____ SEX _____

Attendant: _____ Occupation: _____

WARNING: FALSE APPLICATIONS, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER I.C. 16-1-19-6