



PERRY COUNTY HEALTH DEPARTMENT

William E. Marcrum, M.D. Health Officer

3214 Tell Street
Tell City, IN 47586
Phone: 812-547-2746
Fax: 812-547-0415

**BIRTH CERTIFICATE
APPLICATION**

WARNING: False application, altering, mutilation or counterfeiting Indiana birth certificates is a criminal offense under I.C. 16-1-19-G and I.C.16-1-15-4

Full Name at Birth: _____
(or Adopted Name)

Place of Birth (County Only) _____

Date of Birth: _____

Name of Father: _____

Birthplace of Father: (State Only) _____

Maiden Name of Mother _____

Birthplace of Mother: (State Only) _____

Your relationship to person whose birth record is requested: _____

Signature of Applicant: _____

Your Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ **Today's Date:** _____

Copies Requested: _____ **Total Fee:** _____

MUST BE INCLUDED WITH APPLICATION

1. Copy of Driver's License
2. Self-addressed stamped envelope
3. Cash or Money Order
4. \$10 each

Mail to: Perry County Health Department
3214 Tell Street, Box 1
Tell City, IN 47586