

Tipton County Birth Certificate Application

Send completed application with payment and copy of ID to:

Tipton County Health Department
101 E Jefferson Street
Tipton, IN 46072

For more information, contact the Vital Records Registrar at (765) 675-8741.

IDENTIFICATION IS REQUIRED per IC 16-37-1-7. Please present your driver's license or state ID and the driver's license or state ID for signatory to any checks submitted for payment. Mailed applications must be sent with a photocopy of your driver's license and the check signatories.

'WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE'

Full name at birth: _____	Date of birth: _____
Have any changes been made to this person's name (EXCLUDING MARRIAGE)?	YES NO
If YES, give the full name after the change was made: _____	
Place of birth: _____	
Mother's full maiden name: _____	State of birth: _____
Father's full name: _____	State of birth: _____
Relationship to this person: SELF PARENT OTHER: _____	
Purpose for which record will be used: DRIVER'S LICENSE SCHOOL/DAYCARE SPORTS WORK MEDICAL/INSURANCE TRAVEL/PASSPORT PERSONAL RECORD OTHER: _____	
Mailing address: _____	
Daytime phone number: _____	
Driver's license or ID number and expiration date: _____	
If alternate identification is being used, at least two forms should be presented. Please state which alternate forms of identification are being used: _____	

_____ Standard Birth Certificates (8 1/2 X 11)@ \$10.00 = _____ Total Amount Due

Printed name: _____

Signature: _____ Date: _____

<u>Payment Information</u>	<u>Issuance Information</u>
Amount: \$ _____	Date request received: _____
Form of payment: Cash Check Money Order Debit/Credit	Date mailed to applicant: _____
	Issued by: _____