

Tipton County Birth Certificate Application

If applying via mail, please send a notarized, completed application with payment (\$10 ea.) and copy of ID to:
 Tipton County Health Department
 101 East 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 all identification for the applicant and the check signatory.

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

RECORD OF BIRTH

PART I	Full name at birth:		Date of birth:
	Place of birth (if residence, give address):		
	Have any changes been made to this person's name? (ex: marriage, adoption)		If YES, full name after change:
	Mother's full maiden name:		State of birth:
	Father's full name:		State of birth:

APPLICANT'S PERSONAL INFORMATION

PART II	Your printed name:		Date:
	Signature:		
	Relationship to this person (ex: Self, Parent, etc.):		
	Purpose for which the record will be used: (ex: Driver's License, School/Daycare, Medical/Insurance, Estate Settlement, Travel/Passport, Personal Record, Sports, etc.)		
	Address (number and street, city, state, and ZIP code):		
	Driver's license or ID number and expiration date:		Daytime phone number:
	Alternate ID #1 (if above ID in unavailable):		
	Alternate ID #2 (if above ID in unavailable):		

AFFIDAVIT OF PERSON REQUESTING RECORD OF BIRTH (only necessary if filing by mail)

PART III	After having been duly sworn, I declare that I have requested the above record or birth and have submitted the evidence listed and further, that I have reviewed the above information and find the same in all respects true and correct.		
	Signature:		Relationship (Self; Parent if under 18):
	Address (number and street, city, state, and ZIP code)		
	State of: _____		Subscribed and sworn to before me on (month, day, year):
	County of: _____		
My commission expires (month, day, year):		Signature of notary public:	

THE SPACE BELOW WILL BE COMPLETED BY THE TIPTON COUNTY HEALTH DEPARTMENT

PART IV	Number of certified birth certificates requested @\$10 ea.:		Date received:	Date mailed:
	Form of payment: CASH CHECK MONEY ORDER DEBIT/CREDIT CARD			Issued by: