



Parke County Health Department

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GENEALOGY ONLY

Application for birth or death record for genealogy only

BY INDIANA STATE LAW; IC 16-37-1-8

ALL RECORDS THAT ARE NOT **75 YEARS OLD ARE CONFIDENTIAL RECORDS** and cannot be issued except to the individual named on the record or an immediate member of the family, **who produces required identification.** See attached page for ID Requirements.

Non-certified copies of records are \$1.00 each. Certified copies are \$15.00 per birth / death certificate.

Non-certified copies requested: _____ # Certified copies requested: _____

BIRTH RECORD

Child's full name at birth _____

Any other name under which the record could be recorded _____

Date of birth _____

Place of birth _____

Father's name _____

Mother's full legal name _____

Mother's maiden name _____

DEATH RECORD

Name of deceased _____

Date of death _____

APPLICANT

Name _____ PHONE _____

Address _____

Email Address _____

Signature _____ Date _____

Office Use:

Date Received: _____

Certificate #: _____

Issued by: _____

Amount Received: _____

Receipt #: _____

Acceptable payment types are cash, check, money order, Discover, Visa, or Mastercard (credit/debit card processing fees apply). If paying by credit or debit card, please complete the authorization form attached.

Per Indiana Code 16-37-1-10 & 11, 11.5C

Requirements for birth & death certificates

ID required To Get a Certificate: One valid Primary Document Or Two Secondary Documents	Who's Eligible to Obtain a Birth Certificate? ***SEE BACKSIDE FOR RELATIONSHIP REQUIREMENTS***	Amish ID Requirement to purchase a Certificate ***Must Provide 2 Items***
<p>One form of Primary Picture Documentation All documents MUST be current and VALID</p> <ul style="list-style-type: none"> Government Issued Driver's License/State I.D. **Address listed must match shipping address** Military I.D. US or Foreign Passport Department of Corrections I.D. Card or Printout that includes picture College School I.D. w/ proof of current enrollment Work I.D. w/ name of company listed (must be currently employed) Veterans I.D. (Green) Mexico Consular I.D. <p>If you do not have primary picture documentation above, <u>Two forms of Secondary Documentation</u> is required, if applicable the document must list current address</p> <ul style="list-style-type: none"> Verification of Employment on letter head including date of employment, employee's address and managers name and signature Voter Registration with signature Vehicle Registration with signature (no titles) Previous year's tax return (1040) with signature and social security number Probation documents or statement from Probation Officer on letterhead, including person's name and date of birth w/signature Signed Warranty Deed or Current Lease/Rental Agreement (Must show address and signature of applicant) Signed Social Security card Military Discharge (DD-214) Indiana only Gun permit with signature Indiana only Professional License with signature 	<ul style="list-style-type: none"> The individual named on record; 18 yrs or older Parents of individual named on certificate (must be listed on record) Grandparents (must be parent of a parent listed on the record & show proof of relationship) Sibling, 18 yrs or older of individual named on certificate (must show proof of relationship) Child or Grandchild, 18 yrs or older of individual named on certificate (must show proof of relationship) Current Spouse of individual named on certificate (must show proof of marriage) Aunt or Uncle of individual named on certificate (must show proof of relationship) Court Appointed Legal Guardian (must have I.D. and provide guardianship papers with seal) Attorney representing person named on record (must have I.D. for self with direct interest spelled out on letter head or court documents) State and Federal Agencies (must have work I.D. with direct interest spelled out on letter head, court documents or signed authorization from client) Social Agency (must have work I.D. with court documents or signed authorization from client) Step-parent (must have I.D. with valid marriage certificate) Genealogy (must be over 75 years old and deceased) **Must show proof of death** 	<ul style="list-style-type: none"> Non-Photo I.D. Baptismal Certificate Marriage Certificate Social Security Card School Records
		<p style="text-align: center;">Who's Eligible to Obtain a Death Certificate?</p> <p style="text-align: center;">Must provide I.D. and possible proof of direct interest</p>

Documentation to verify relationship to individual is needed for birth certificate orders (Per 410 IAC 18-3-1)

Acceptable Documentation

I would like to obtain a copy of:

- My own- Primary Documentation Only
- My child's- Primary Documentation Only
- My mother/father- Primary Documentation along with a copy of your birth certificate
- My grandchild's- Primary Documentation along w/ Mother or Father's Birth certificate naming Grandparent
- My brother/sister- Primary Documentation along w/birth certificate naming same parent(s)
- My nephew/niece's- Primary Documentation along w/ birth certificate of parent and self
- My spouse- Primary Documentation along w/ valid marriage license or certificate
- My grandparent's- Primary Documentation along w/ birth certificate of self and parent
- Genealogy- Primary Documentation along w/ proof of death

Parke County Health Department

Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a Convenience Fee of \$1.00 + 1.99%. Please complete fully.

I, _____ **[printed name]** authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after _____ **[date]**.

Signature _____

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: _____

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Office Use Only

OTC Local Reference ID #: _____ Initials: _____ Date: _____

Please Fill Out Card Information

Account Type (Choose One): Visa MasterCard Discover

Account Number: _____ Expiration Date: _____

Security Code (3 Digit): _____