

## **Knox County Health Department**

328 N. 2nd Street Suite 100 Vincennes, Indiana 47591 812-882-8080 option 2 - Vital Records

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## Application For Certified Copy of Birth Certificate

Warning: providing a false application, altering, mutilating, or conterfieting Indiana Birth Certificates is a

Name At Birth:			
-			
	First	Middle	Last
ce Of Birth:			
- -	City		County
e Of Birth:			
ardian/Fathers Name:			
	First	Middle	Last
ardian/Mothers Name:			
-	First	Middle	Last/Maiden
ationship To The Person Liste	ed On The Birth Certificate	::	
	ed On The Birth Certificate	:: 	
ationship To The Person Liste Signature: Contact Phone Number:	ed On The Birth Certificate	:	
Signature:	ed On The Birth Certificate	:	
Signature: Contact Phone Number:	ed On The Birth Certificate	:	
Signature: Contact Phone Number: Current Address:	ed On The Birth Certificate	:	

All Major Credit Cards.

Credit Card Payment Information for mail in applications only

Name on Card:	
Card Number:	
Expiration Date:	CVV: