



**Madison County Health Department
206 E. 9th Street
Suite 200**

Anderson, Indiana 46016

(765) 641-9523 • 641-9524

Per Indiana Code (IC 16-1-19-1): Applicant for a birth certificate is required to show at least one (1) form of identification. Along with the request, we suggest the following items be used: (We need only one of the below.)

- 1.) A copy of your Driver's License
- 2.) A copy of your signed Social Security card
- 3.) A copy of your car registration

Please return your WRITTEN REQUEST, a COPY OF YOUR I.D., a SELF-ADDRESSED, STAMPED ENVELOPE and the \$6.00 FEE per record requested. We will then promptly respond to your request.

Thank You,

Stephen L. Ford, R.E.H.S.
Administrator

VALID IDENTIFICATION WITH APPLICANT'S SIGNATURE MUST BE SHOWN

BIRTH RECORDS ARE AVAILABLE TO THE PERSON HIMSELF OR A MEMBER OF HIS IMMEDIATE FAMILY ONLY

Full name at birth _____

Name after adoption or court order if any _____

Date of Birth _____ Place of Birth _____

Full name of Father _____

Full MAIDEN name of Mother _____

Your relationship to person whose birth record is being requested _____

Number of certificates requested _____ (Fee - \$6.00 per copy)

Signature of applicant _____

Address _____ Phone _____

FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENCE – INDIANA LAW IC-16-1-19-6

APPLICATION FOR DEATH CERTIFICATE

**Madison County Health Department
206 East Ninth Street, Suite 200
Anderson, IN 46016**

Name of Deceased: _____

Purpose of which the record is to be used: _____

Place and Date of Death : _____ **Number of copies** _____

Signature of person requesting certificate: _____

**When mailing request, please enclose a self-addressed stamped envelope.
First copy \$7.75 each additional \$5.75.**

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Genealogy Search – Birth

Name at birth _____

Date and Place of birth _____

Has this person been adopted? Yes _____ No _____

Name after court order _____

Relationship of person requesting information _____

Father's name _____

Father's place of birth _____

Mother's name _____

Mother's place of birth _____

Mail to:

Madison County Health Department
206 East 9th Street
Anderson, IN 46016

Genealogy Search - Death

Name of deceased _____

Date of death _____ Stillborn Yes _____ No _____

Place of death _____

Date and place of birth _____

Father's name _____

Father's place of birth _____

Mother's name _____

Mother's place of birth _____

Cause of death _____

Place of burial _____

**** Please don't give the maiden name, if the women changed her name by marriage during her lifetime****

Mail to:

MADISON COUNTY HEALTH DEPARTMENT

The following individuals are eligible to receive a copy of a birth certificate:

1. Individual named on the certificate (18+ years old).
2. Mother of the individual named on the birth certificate.
3. Father of the individual named on the birth certificate (or paternity established).
4. Maternal grandparents of the individual named on the certificate.
5. Paternal grandparents of the individual named on the certificate if the father's name is listed on the birth certificate.
6. Any individual presenting GUARDIANSHIP PAPERS on the individual named on the birth certificate.
7. Brothers or sisters (18+ years old) of the individual named on the birth certificate.
8. Spouse of the individual named on the certificate.
9. Son, daughter, or grandchild (18+ years old) of the individual named on the birth certificate.
10. Great-grandparents of the individual named on the birth certificate.

BIRTH CERTIFICATE PRICE: \$6.00

DEATH CERTIFICATE PRICE: \$7.75 first copy + \$5.75 each additional copy

Dr. Richard H. Shafer
Health Officer