

Rush County Health Department

Room 105 Courthouse, Rushville, Indiana 46173

Telephone (765) 932-3103

Fax (765) 938-2604

APPLICATION FOR A BIRTH CERTIFICATE

To request by mail or walk-in, please furnish the following:

1. Full name at birth: _____
2. Birth Date: _____
3. Father's Name: _____
4. Mother's Name (with Maiden Name): _____
5. Indicate Type of Certificate – 5x7 or laminated billfold-sized: _____
6. A \$20.00 check or money order (cash if walk-in) for each certificate, make payable to Rush County Health Department.
7. A self-addressed, stamped envelope for return (if mailing in)
8. A copy of a photo ID (if mailing in)
9. Phone number to be reached: _____
10. Reason for request: _____
11. Send all of the above to: Rush County Health Department

Room 105 Courthouse
Rushville, Indiana 46173