



**101 E 2nd Street, Room #105
Rushville, IN 46173**

Phone # (765) 932-3103

Fax # (765) 938-2604

Email: rcdh2@rushcounty.in.gov

APPLICATION FOR A BIRTH CERTIFICATE

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

Rush County Birth Certificate # _____

1. Full Name at Birth: _____
2. Birth Date: _____
3. Father's Name: _____
4. Mother's Name (with Maiden Name): _____
5. Reason for Request: _____
6. Phone Number: _____
7. Address: _____

Signature: _____ Date: _____

Approved Person for Release: _____

Please Indicate Type of Certificate Below:

- | | |
|---|--------------|
| <input type="checkbox"/> 5X7 | Fee: \$20.00 |
| <input type="checkbox"/> 5X7/Wallet Combo | Fee: \$25.00 |

Make Checks or Money Order payable to: **Rush County Health Department or RCDH.**

Please include: a self-addressed, stamped envelope for return and a copy of photo ID
(if mailing in)

**DISCLAIMER: PLEASE CHECK YOUR BIRTH CERTIFICATE FOR ACCURACY
NO REFUNDS ALLOWED; WE CAN ONLY DO AN EXCHANGE**