



GREENE COUNTY HEALTH DEPARTMENT

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GENEALOGY APPLICATION

Births must be more than 75 years old, and you MUST show a death certificate. Deaths must be more than 75 years old.

DATE OF BIRTH/DEATH:

NAME:

DATE OF BIRTH/DEATH:

NAME:

DATE OF BIRTH/DEATH:

NAME:

DATE OF BIRTH/DEATH:

NAME:

DATE OF BIRTH/DEATH:

NAME:

DATE OF BIRTH/DEATH:

NAME:

APPLICANTS NAME

APPLICANTS ADDRESS

APPLICANTS PHONE #

APPLICANTS SIGNATURE

PAYMENT METHOD PLEASE CIRCLE ONE: CASH, MONEY ORDER, DEBIT/CREDIT CARDS (there is a fee to use a debit/credit card)

A PHOTOCOPY OF THE REQUESTOR'S VALID ID IS REQUIRED TO PROCESS

FEE: \$1.00 PER PAGE (Note: some records have multiple pages)

OFFICE USE ONLY BELOW THIS LINE

Number of pages: _____

Amount of payment: _____

Clerk: _____